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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

EDITED BY  
J. J. DRYSDALE, M.D.,  
AND  
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IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS.

VOL. III.



LONDON:  
J. LEATH, 5 ST PAUL'S CHURCHYARD;  
H. BAILLIÈRE, 219 REGENT STREET;  
MACLACHLAN, STEWART, & CO., EDINBURGH;  
RADDE, BROADWAY, NEW YORK.

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1845.

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PRINTED BY NEILL AND COMPANY, EDINBURGH.

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THE  
BRITISH JOURNAL  
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HOMŒOPATHY.

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ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMANN, 1805.

*Ars autem tam conjecturalis cum sit (presertim quo nunc habetur modo) locum ampliorem dedit non solum errori etiam imposturæ.—BACON DE VERULAM. AUGM. SC.*

AFTER I had discovered the weakness and errors of my teachers and books, I sunk into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine. I was on the point of concluding that the whole art was vain and incapable of improvement. I gave myself up to lively reflections, and resolved not to terminate my train of thought until I had arrived at a definite conclusion on the subject.

Inhabitants of Earth! I thought, how short is the span of your life here below; with how many difficulties have you to contend at every step, in order to maintain a bare existence, and to avoid the trap-doors of death. And yet what avail all your dear-bought, dear-wrung joys, if you do not possess health?

And yet how often is this disturbed—how numerous are the lesser and greater kinds of uneasiness—how innumerable great the multitude of diseases, weaknesses and pains, which bow man down as he climbs with pain and toil towards the summit of his ambition, and which terrify and endanger

his existence, even when he reposes in renown or luxury. And yet, oh man ! how lofty is thy descent ! how great and God-like thy destiny ! how noble the object of thy life ! Art thou not destined to approach by the ladder of hallowed impressions, ennobling deeds, and all penetrating knowledge, even towards the great spirit whom all the inhabitants of the universe worship. Can that Divine Spirit who gave thee such a soul, and winged thee for such high enterprizes have designed that you should be helplessly and immutably oppressed by those trivial bodily ailments which we call diseases ?

Ah no ! The author of all good, when he allowed diseases to injure his offspring, must have laid down a means by which every torment might be lessened or removed. Let us trace the impressions of this, the noblest of all arts which has been devoted to the use of perishing mortals. This art must be possible—this art which can make so many happy ; it must not only be possible but already exist. Every now and then a man is rescued, as by miracle, from some fatal disease ! Do we not find recorded in the writings of physicians of all ages, cures in which the disturbance of the health was so great that no other termination than a horrible death seemed possible ? Yet such cases have been rapidly and effectually cured, and perfect health restored.

But how seldom have these brilliant cures been effected when they were not rather ascribable, either to the force or youth overmastering the disease, or to the unreckoned influence of various fortunate circumstances, than to the medicines employed ? But even were the number of such perfect cures greater than I observe them to be, does it follow from that that we can imitate them with similarly happy results ? They stand isolated in the history of the human race, and they can but very seldom, if at all, be reproduced as they were at first occasioned. All we see is, that great cures are possible ; but how they are to be effected, what the power, and the minute circumstances by which they were accomplished, and how these are to be controlled so that we may transfer them to other cases is quite beyond our ken. *Perhaps the art of healing does not consist in such a transference.* This much is

certain: an art of medicine exists, but not in our minds, nor in our systems. "But," it is urged in reply, "are not people cured every day in the hands of thoughtful physicians, even of very ordinary doctors, nay even by the hands of most egregious blockheads."

Certainly they are; but mark what happens. The majority of cases, for the treatment of which a physician is called, are of acute diseases, that is aberrations from health which have only a short course to run before they terminate either in recovery or death. If the patient die, the physician follows him modestly to the grave; if he recover, then must his natural strength have been sufficient to overcome both the force of the disease and the mischief of the drugs he took; and the natural strength does often suffice to overcome both. In epidemic dysentery, just as many recovered of those who followed the indications afforded by nature without taking any medicine at all, as of the others who were treated on the best principles of Brown, of Stoll, of Hoffmann, of Richter, of Vogler, of any other or by any other system. Many died, too, both of those treated by all these methods, and of those who took no medicine; on an average, just as many of the one as of the other. And yet all the physicians and quacks who attended those who recovered boasted of having effected a cure by their skill. What is the inference? Certainly not that they were all right in their mode of treatment; but perhaps that they were all equally wrong. What presumption for each to claim, as he did, the credit of curing a disease, which in milder cases uniformly recovered of itself, if gross errors in diet were not committed!

It were easy to run through a catalogue of similar acute diseases, and show that the restoration of persons who in the same disease were treated on wholly opposite principles could not be called cure but a spontaneous recovery. Until you can say during the prevalence of an epidemic dysentery, for example, "Fix upon those patients which you and other experienced persons consider to be most dangerously ill, and those I will cure, and cure rapidly and without bad after consequences." Until you can say this, and can do it, you ought

not to vaunt that you can cure the dysentery. Your cures are nothing but spontaneous recoveries. Often, the thought is saddening! patients recover as by a miracle when the multitude of anxiously changed and often repeated nauseous drugs prescribed by the physician is either openly or clandestinely discontinued. For fear of giving offence the patient frequently conceals what he has done, and appears before the public as if he had been cured by his physician. In numerous instances, many a prostrate patient has effected a miraculous cure upon himself by not only refusing the physicians' medicine, but by transgressing his artificial and mischievous system of diet in obedience to his own caprice, which is in this instance an imperious instinct impelling him to commit all sorts of dietetic paradoxes. Pork, *sauerkraut*, potato-salad, herring, oysters, eggs, pastry, brandy, wine, punch, coffee, and other things most strongly prohibited by the physician have effected the most rapid cure of disease in patients, who, to all appearance, would have hastened to their grave had they submitted to the system of diet prescribed by the schools.

Of such a kind are the apparent cases of acute diseases. For those beneficial regulations, for the arrest of pestilential epidemics, by cutting off communication with the affected district, by separation and removal of the sick from the healthy; by fumigation of the affected abodes and furniture, are wise police regulations, but do not properly belong to medicine.

In the included spots themselves, where a wider separation of the infected from the healthy is not to be thought of, there the nullity of medicine is exhibited. There die all, if one may be allowed the expression, who want to die, without being turned by Galen, Boerhave or Brown, and those only who are not ripe for death recover. Nurses, physicians, apothecaries and surgeons are all alike borne to their grave. At the same time it is undeniable, that even in such calamities, so humiliating to the pride of our art, occasional, but rare cures occur, effected obviously by medicine of so striking a character, that one is astonished at so daring a

rescue from the very jaws of death ; these are the hints afforded by the Author of Life, " **THAT THERE IS A HEALING ART.**"

But how was the cure effected? What medicine did the real good? What were the minute particulars of the cure? So that we may imitate the procedure when such a case recurs. Alas! these particulars are and must remain unknown; the cure was either not observed, or not reported with sufficient exactness. And the medicine? No; a single medicine was not given, it was, as all learned recipes must be, an elixir, a powder, a mixture, &c., each composed of a number of different substances. Who can tell which of them all did good? "The patient also drank an infusion of a variety of herbs, the composition of this I do not recollect, nor does the patient remember the precise quantity he took."

How can any one imitate such an experiment in a similar case since neither the remedy nor the case are accurately known. Hence all the results attempted by future imitators are deceitful; the whole fact is lost for posterity. All we see is, that cure is possible; but how it is to be effected and how an indistinct cure can tend to perfect the science of medicine, that we do not see. "But," I hear exclaimed, "it is not fair to test physicians, who are but men, with such surprises as infectious diseases in circumscribed spots afford." In chronic diseases he will come off more triumphant; in these he has time and cool blood on his side, and he can openly exhibit the truth of his art; and in despite of Molière, Patin, Agrippa, Valesius, Cardanus, Rousseau, and Arkesilas, he will show that he can heal not only those already in health, but that he can cure what he will, and what is expected of him. Would to Heaven it were so! But to show that physicians feel themselves very weak in chronic diseases, they avoid the treatment of them as much as possible. Let a physician be called to an elderly man, lame for some years, and let him be asked to exhibit his skill. Naturally he does not openly avow how impotent art is in his hands, but he betakes to some byway of escape—shrugs the shoulders—observes that the patient's strength is not sufficient to enable him to sustain the means of cure—(in general



a very exhausting enfeebling procedure in the hands of ordinary practitioners)—speaks with a compassionate air of the unfavourable season and inclement weather, which must first be over, and of the healing herbs of Spring, which must be waited for, before the cure can be attempted, or of some far distant bathing place where such cures are made, and whither, if his life be spared, the patient will be able to proceed in the course of six or eight months. In the mean time, not to expose himself and to retain the patient's confidence, he orders something, of the effects of which he is not at all satisfied; but certain relief he cannot give. At one time, he will remove the asthenia by internal or external stimulation; at another fortify the tone of the muscular fibre with a multitude of bitter extracts, or strengthen the digestive apparatus with cinchona bark, or he will purify and cool the blood by a decoction of unknown plants, or by means of salts, metallic and vegetable substances resolve and dissipate, suspected but never observed obstructions in the glands and minute vessels of the abdomen, or by means of purgatives he may expel certain impurities which flit before his imagination, or hasten by a few hours the sluggish discharges. Now he directs his charge against the principle of gout; now against a suppressed gonorrhœa or psora; anon against some other irritant. He effects a change, but not the change he wished. Gradually, under the pretext of urgent business, the physician withdraws from the patient, comforting him and his attendants, when they press upon him, that in such cases our art is too weak to be of service.

And that his so vaunted art is "too weak;" on this comfortable soft pillow he reposes in cases of gout, consumption, old ulcers, strictures, and so-called dropsies, cachexias of innumerable varieties, spasmodic asthmas, pains, spasms, cutaneous eruptions, debility, mental affections of many kinds, and I know not how many other chronic diseases.

In no other case is the insufficiency of our art so strongly and so unpardonably manifested as in those distressing diseases from which hardly any family is altogether free; hardly any in which some one of the circle does not secretly sigh over a misfortune, for which he has tried the so-called skill

of physicians far and near. In silence the afflicted sufferer steals on his melancholy way, borne down with miserable suffering, and despairing in human aid, seeks a last solace in religion.

"Yes," I hear the medical school groan with a compassionating shrug, "Yes, these are confessedly incurable evils." As if it could comfort the million of sufferers to be told of the vain impotence of our art! As if the Creator of these sufferers had not prepared remedies for them also, and even for them a spring of boundless goodness, compared to which the tenderest mother's love is as thick clouds beside the glory of the noon-day sun.

"Yes," I hear the school continue to apologize, "the thousand defects in our civic constitution, the artificial complicated mode of life so far removed from nature, the chameleon like luxury enervating and deranging our natural constitution are answerable for the incurable character of all these evils. Our art is excused for being incapable of the cure of such cases.

Can you then believe that the preserver of our race, the Omniscient, did not design these complexities of our civic constitutions and our artificial mode of life to increase our enjoyment here, and to remove misery and suffering? What extraordinary kind of living can that be to which man cannot accustom himself without any great disturbance of his health? The fat of the seal and the blubber of the whale eaten with bread made of dried fish bones as little prevents the Greenlanders from enjoying health in general, as does the uninterrupted milk-diet of the shepherds in the mountains, the purely vegetable food of the poorer Germans, or the highly animal diet of the wealthy Englishman. Does not the Vienna nobleman accustom himself to his twenty or thirty covers, and does he not enjoy just as much health as the Chinese with his thin rice soup, the Saxon miner with nothing but potatoes, the South-sea islander with his roasted bread fruit, and the Scottish highlander with his oatmeal cakes? I am ready to admit that the contest of conflicting passions, the many enjoyments, the luxurious refinement, and the absence of exercise in fresh air that prevail in the laby-

rinthine palaces of great cities, may give occasion to more numerous and more rare diseases than the simple uniformity in the airy hut of the humble mountaineer. But that does not materially alter the matter. For we can just as little cure with our remedies the watery colic of the peasant of lower Saxony, the *Tsomer* of Hungary and Transylvania, the *Radesyge* of Norway, the *Sibbens* of Scotland, the *Potme* of Lapland, the *Pelagra* of Lombardy, the *Plica Polonica* of certain Sclavonic tribes, and various other diseases prevalent among the simple peasantry of various countries, as we can the more aristocratic disorders of high life in our large towns. Must there be one kind of medicine for one of these and another for the other, or when the true principle of the healing art is discovered, will it be equally applicable to both?

This principle may not be in our books nor yet in our heads, but there is such a principle; it is a possible discovery. Occasionally a brother practitioner stumbles by a lucky hit upon a cure which astonishes half the world about him, and not less himself; but among the many medicines he employed, he is by no means sure which did good. Not less frequently does the neck-or-nothing practitioner, without a degree, whom the world calls a quack, make as great and remarkable a cure. But neither he nor yet his brother practitioner with a diploma knows how to eliminate the evident and fruitful truth which the cure contains. Neither can separate and record the medicine which certainly was of use out of the mass of useless and obstructing ones they employed; neither precisely indicates the case in which it did good, and in which it will certainly benefit again. Neither knows how to abstract a truth which will hold good to all posterity a certain unfailing remedy for any such case that may occur in the future. Strange as it may appear, his experience in this one will almost never be of service to him in any other. All that we can learn is, how helpful medicine may be; but from these and a hundred other cases, it is quite manifest that as yet it has not attained the rank of a science, that even the way has yet to be discovered how such a science is to be learned and taught. As far as we are concerned, it cannot be said to exist. Meanwhile, among these brilliant but rare

cures there occur cases, which, however great the surprize they excite, are not of a character to be imitated, *salti mortali*, madly desperate attempts by means of the most powerful drugs in enormous doses, which brought the patient into a state of dreadful danger, in which life and death wrestled for the mastery, and in which a slight unforeseen preponderance on the side of kind nature gave the fortunate turn to the case: the patient pitched into the throat of death recovered himself and escaped.

(To be continued.)

TABLE OF THE PATIENTS ADMITTED INTO THE HOSPITAL OF THE SISTERS OF CHARITY AT LINZ, AND TREATED ACCORDING TO THE HOMŒOPATHIC METHOD, FROM 1ST JUNE 1842, TILL 31ST DEC. 1843.

Classification of Diseases.	Admitted.	Cured.	Relieved.	Incurable.	Dead.	Remained.
Abscess . . . . .	5	5				
— of ears . . . . .	1	1				
Amaurosis . . . . .	2			1		1
Apoplexy . . . . .	3	2			1	
Asthma, rheumatic . . . . .	1	1				
Brain (organic disease of) . . . . .	2			1	1	
Bruise of leg . . . . .	1	1				
Burns . . . . .	8	6			1	1
Caries . . . . .	3	1		1		1
Carbuncle . . . . .	1	1				
Cardialgia . . . . .	1			1		
Catarrh of lungs, acute . . . . .	10	8				2
— — chronic . . . . .	15	14				1
— — suffocative . . . . .	1	1				
Chilblain . . . . .	1	1				
Chlorosis . . . . .	13	12				1
Cholera . . . . .	2	1			1	
Chorea . . . . .	4	4				
Club-foot . . . . .	1					1
Colic . . . . .	8	7				1
— from lead . . . . .	1	1				
— gastric . . . . .	4	4				
— gouty . . . . .	11	11				
— menstrual . . . . .	2	2				
— nervous . . . . .	2	2				

Classification of Diseases.	Admitted.	Cured.	Relieved.	Incurable.	Dead.	Remained.
Colic, rheumatic . . . . .	18	18				
Concussion of brain . . . . .	1					1
— spinal cord . . . . .	2	1				1
Convulsions . . . . .	9	7	1			1
Coryza (Ozena?) . . . . .	1	1				
Cough . . . . .	1	1				
Debility from age . . . . .	11		2	6	3	
Degeneration of liver, organic . . . . .	4			2	2	
Desquamation of cuticle . . . . .	1	1				
Diarrhœa . . . . .	13	12		1		
Dislocation . . . . .	3	3				
Dropsy, general . . . . .	2	2				
— of chest . . . . .	4	2			1	1
— — with inflammation of lungs . . . . .	1	1				
— — and pericardium . . . . .	2			1	1	
— of pericardium . . . . .	1	1				
— of abdomen . . . . .	4	2		1	1	
— of ventricles of brain . . . . .	2				2	
— of skin (anasarca) . . . . .	4	3				1
Elephantiasis of foot . . . . .	1					1
Emphysema of lungs . . . . .	3	2		1		
Eruptions, pemphigus . . . . .	1	1				
— variola . . . . .	7	5			2	
— herpes . . . . .	6	6				
— furunculus . . . . .	2	2				
— porrigo, of head . . . . .	2	2				
— — of face . . . . .	2	2				
— herpes zoster . . . . .	1		1			
— scabies . . . . .	2	2				
— rubeola . . . . .	11	11				
— urticaria . . . . .	3	3				
— erysipelas . . . . .	1	1				
— — chronic . . . . .	2	2				
— — of foot . . . . .	11	11				
— — of face . . . . .	14	14				
— — of hand . . . . .	2	2				
— scarlatina . . . . .	1	1				
— varicella . . . . .	7	7				
Fatuity . . . . .	1					1
Fever, catarrhal . . . . .	5	5				
— putrid . . . . .	1				1	
— gastric . . . . .	59	59				
— — nervous . . . . .	3	3				
— inflammatory . . . . .	9	8		1		
— rheumatic . . . . .	50	50				
— typhus abdominalis . . . . .	75	65			8	2
— intermittent . . . . .	30	29				1
— hectic . . . . .	3			1	2	
Fracture of humerus . . . . .	2	2				
— clavicle . . . . .	2	1				1
Gangrene of thigh . . . . .	1		1			

Classification of Diseases.	Admitted.	Cured.	Relieved.	Incurable.	Dead.	Remained.
Gout	16	15		1		
— of head	3	3				
— of foot	1	1				
Hæmoptysis	11	8		1	1	1
Hematemesis	1	1				
Head-ache (hemicrania)	1	1				
— rheumatic	13	11				2
Hernia, incarcerated	1	1				
Heart, valvular disease	10		4	5	1	
Hooping cough	3	2	1			
Hysteria	1		1			
Icterus	7	7				
Inflammation of eyes, erysipelatous	1	1				
— — rheumatic	1	1				
— — scrofulous	6	6				
— brain	1	1				
— meninges	1	1				
— pleura	19	18				1
— — with exudation	1	1				
— — with pneumonia	1	1				
— — traumatic	1	1				
— thoracic aorta	1	1				
— heart, external	1	1				
— — internal	7	7				
— — internal with convulsions	1		1			
— bronchi	4	4				
— lungs	21	18	1			2
— — and pericardium	1	1				
— — and liver	2	2				
— diaphragm	1	1				
— peritoneum	8	7			1	
— liver	1	1				
— uterus	2	1				1
— ovary	1	1				
— spleen	1	1				
— throat	37	36				1
— ears	3	3				
— gum	2	2				
— joints, rheumatic	14	14				
— hand, phlegmonous	1	1				
— periosteum	2	1				1
— spinal cord	1	1				
— bowels	2	2				
Leucorrhœa	1	1				
Melancholia	1					1
Menstruation, scanty	7	7				
— suppressed	1	1				
Metrorrhagia	5	4				1
Morbus coxarius	1			1		
Night-blindness	1	1				

Classification of Diseases.	Admitted.	Cured.	Relieved.	Incurable.	Dead.	Remained.
Phthisis . . . . .	3		1		2	
Paralysis, general . . . . .	2			1	1	
Photophobia . . . . .	1		1			
Rheumatism, chronic . . . . .	50	45	3			2
Scrofula . . . . .	3			2	1	
Scurvy . . . . .	1	1				
Scirrhus . . . . .	1				1	
— of stomach . . . . .	1			1		
Spasm, gouty . . . . .	1		1			
— of stomach . . . . .	10	10				
— eyelids . . . . .	1	1				
Swelling of cheek, inflammatory . . . . .	4	4				
— lower jaw, inflammatory . . . . .	3	3				
— glands of neck, scrofulous . . . . .	1	1				
— knee, phlegmonous . . . . .	1	1				
— knee-joint, rheumatic . . . . .	2	1	1			
Tænia . . . . .	1		1			
Tubercles of lungs . . . . .	22	3	4	7	6	2
— acute . . . . .	2	1				1
Ulcer, atonic . . . . .	2	1	1			
— gouty . . . . .	2	2				
— scrofulous . . . . .	3	3				
— of throat . . . . .	2	1	1			
— of cornea . . . . .	1	1				
— finger nail (paronychia) . . . . .	2	2				
— leg . . . . .	19	18				1
— tooth (fistula dentalis) . . . . .	1	1				
Vomiting, chronic . . . . .	4	4				
Wounds . . . . .	9	9				
Total . . . . .	893	751	27	37	41	37
Subtract, admitted as incurable . . . . .	26			26		
	867	751	27	11	41	37

Aggregate number of days of treatment,  
(Verpflegungstage), 15,213.

Total number of out patients prescribed for from May,  
1842, till the end of December, 1843, 15,158.

**DR. REISS,**  
Physician.

**K. PLENINGER,**  
House-Surgeon and Government District Surgeon.

Linz, 4th January, 1844.

PRACTICAL OBSERVATIONS—NEURALGIC PAINS.

By J. LAURIE, M.D., London.

E. S., æt. 36, of a nervous temperament, had been affected for 3 years with general neuralgic pains, which used to come on every night, and so materially to disturb her rest as to render it necessary for her to remain in bed until late in the day, when a cessation of the pains took place, and enabled her to enjoy an hour or two of undisturbed sleep; the pains were of a violent burning and lancinating description, and appeared to originate in the sacral region from whence they ramified to nearly every part of the body; at the monthly periods (which were perfectly regular and the discharge natural) the pains always became so much aggravated as to render, as she expressed herself, life a torment to her; from long continued suffering, the patient had become much emaciated, her countenance looked haggard and care-worn, the eyes sunken and inanimate; the appetite was much impaired, the bowels costive and the scanty stools occasionally mixed with a little frothy mucus. The patient had enjoyed good health previous to this illness; was married but had no family. I prescribed Sulph. 30. a few globules in a wine-glassful of water, and desired her to take a teaspoonful occasionally during the night, when the pains were most violent. On the third day following, the patient reported to me that she had experienced much relief from the medicine, but that it had acted somewhat too powerfully upon her, having brought on *violent purging* and tenesmus, a few hours after she had taken the third teaspoonful, and which continued throughout the greater part of the day following; the motions were of a whitish appearance intermixed with frothy mucus. I gave the patient a blank powder to be taken in the same manner as the former if necessary. Four days afterwards she returned, and stated that she continued to feel considerably better, and that the last powder had agreed with her *uncommonly well*. I then repeated the Sulphur, but told her to take the medicine as one dose (3 glo-



bules of the 30th potency) in a little water on this occasion. A week afterwards the patient called to say that she felt so very much better, that she had no doubt that I would perform a complete cure of her complaint, but that the medicine had again been too powerful for her, and acted much in the same way as it did in the first instance, which so alarmed her husband that he wished her to cease consulting me, as he was confident I would poison her. Having experienced so very much benefit, however, she could not refrain from repeating her visit, but earnestly entreated me to give her as weak a dose as possible. I accordingly gave her two powders, No. 1 containing *Sacch. Lact.*, and No. 2 *Sulph. 3/30* in *Sacch. Lact. q.s.*, each powder to be taken in a little water, the second on the third night after the first.

I did not see the patient again for a month, at the expiration of which period, she called to return thanks; having been perfectly free from pain for three weeks, and improved in every other respect; her countenance looked healthy and animated; her appetite had become excellent, her bowels regular and her nights tranquil and refreshing; she informed me that the first powder did not produce any perceptible effect, but that the second had punished her like the former powders which *disagreed*, only in a somewhat diminished degree.\* It is now two and a half years since the patient consulted me, and she has remained in good health ever since, not having had the slightest return of Neuralgia.

MICROSCOPIC EXAMINATION OF SOME HOMŒOPATHIC  
METALLIC PREPARATIONS.

BY DR. MAYERHOFER.†

The essential peculiarity of the Homœopathic pharmacy consists in the trituration of solid substances with sugar of milk and the diffusion of fluid ones through alcohol; the

\* I have repeatedly observed the above effects after the administration of *Sulphur* at various potencies in *extremely susceptible* patients.

† Abridged from the *Oesterreichische Zeitschrift für Homœopathie*, vol. 1, p. 152.

object of this is to increase the surface of the substance as much as possible, and to render it more easily assimilated by the system. It is also probable that by this process there may take place an excitement of electricity or other imponderable forces which cannot fail to affect the system. In order to learn more of the nature of the mechanical diminution produced by trituration, I examined the metallic preparations with the aid of a powerful microscope. I did not do this, however, until I had made myself quite familiar with the appearance of the sugar of milk and its impurities, and I employed preparations made with the utmost care by myself and containing a proportion of 2 parts of the metal to 98 of the sugar. I always dissolved the preparation I wanted to examine in distilled water in order to separate the metal from the sugar. The drawings were made under my own eye and represent the substance magnified 14,400 times. I employed a power of from 40,000 to 90,000 in my own observations.

The observations require much sacrifice of time, for the experiment must be repeated over and over again, that the effect of different degrees of light may be noticed, and the greatest dexterity in the use of the instrument is requisite.

#### *Metallic Platina.*

“Platina precipitated from its solution presents the appearance of a dull steel-grey loose powder, which gives the promise of being very divisible.

“The first trituration is of a light grey colour, and in it no metallic points are discernible, when viewed dry under the microscope numerous platina particles are seen uniformly distributed among the sugar of milk; but when dissolved, myriads of triturated platina particles, the largest of which lie at the bottom conglomerated in larger masses, the smallest, mere points, swim at the top and the middle-sized float through the liquid. In the second dilution, there is a great increase in the number of the minute particles, and fewer of the larger particles and of the heaps. In the third dilution, almost nothing else was seen than isolated particles and fine dust, the grains of which ranged from the size of a

distinct point, to a minuteness passing into invisibility and extinction. The larger particles of platina (which crystallizes in cubes) exhibits an irregular surface, but the smallest of the particles appear spherical. By a power magnifying 90,000 times and a good light, I could follow the grains of platina to the tenth trituration, I think I have even seen them at the 12th and 13th. According to micrometric measure there are from 7 to 8 of the smallest particles of platina to a space  $\frac{1}{10}$  of a line.

#### *Metallic Gold.*

“A. Gold leaf, *aurum foliatum*. The examination of this shows that gold leaf is very ill adapted for trituration. I can distinguish the untrituated gold plates at the third dilution even with the naked eye. The largest piece of gold leaf (see the plate) is half of a line in length, and the smallest measures  $\frac{1}{10}$ th of a line. The number of gold fragments in the first trituration bears to the number of platina particles about the proportion of 1 : 10,000. So that, gold-leaf is trituated 10,000 times more imperfectly than precipitated platina.

“The reason of this difference does not depend upon the nature of the metal (for gold is notoriously divisible) but upon its foliated form which evades the pestle.

“B. Precipitated gold. Prepared by adding a solution of the sulphate of iron to a solution of the chloride (ter-chloride) of gold. Precipitated gold presents to the eye the appearance of a yellow-brown loose powder in which a sharp eye can distinguish brilliant metallic points. Under the microscope, the gold dust appears to be a conglomeration of innumerable gold globules. Here and there in the spongy mass brilliant particles are discernible.

“Precipitated gold is as well, as gold leaf is ill, adapted for trituration and precipitated gold when compounded with sugar of milk, has the appearance of a pale *chamois* colour, and no metallic points can be discovered; but under the microscope, the gold molecules can be seen in great abundance equally diffused through the sugar of milk. In the solution of the first trituration in 5 drops of water, the gold has the appear-

ance represented in the plate, fig. 1. It is to be observed, however, that these groups do not exist in the dry triturated powder, it is only when the sugar of milk is dissolved that the metallic particles attract one another and cohere. This remark holds good of platina, silver, copper, tin, lead and quicksilver, as well as of gold. This is not the case with the isolated gold follicles, several of which are represented in the plate; these are continuous uncut plates which are met with in all the triturations and are decided blemishes in the preparation. This is especially true of the noble metals, the toughness of which offers great resistance to the pestle; whereas the softer follicles of the so-called ignoble metals are more easily broken down.

“The number of gold particles will seem astonishing when we consider that only the 10th of a grain of the first dilution, that is  $\frac{1}{10}$ th of a grain of gold, is dissolved. Now as the diameter of the vessel containing the solution is to that of the object glass, as 1 inch to  $\frac{1}{2}$  a line, only a  $\frac{1}{576}$ th part of the solution can be seen at once, so that it follows that the gold represented in the plate is the 288,000th part of a grain. But as only the gold at the bottom of the vessel can be represented in a plate, this gives a very inferior conception of the whole quantity. The number of gold molecules in the first trituration are quite beyond the power of reckoning. They range from the size of a poppy-seed to the exiguity of an almost invisible granule. If we fix our eye upon a spot in the field of the microscope which seems to contain no gold, there appears gold atoms which then again become invisible, a proof that the metal is divided into particles so small as to be invisible under a glass magnifying 14,000 times.

“The solution of the second trituration presents nearly the same appearance as the first, with this difference alone, that here the conglomerated masses are less numerous, and the isolated particles more numerous but smaller. In this too we meet with gold follicles as may be seen in the plate, which contains  $\frac{1}{11,400,000}$ th of a grain.

“In the solution of the third trituration almost nothing but isolated granules are to be met with, the aggregated masses

having nearly wholly disappeared ; but the granules exhibit great diversity in their size, showing that the extreme point of division is not yet attained.

“ Our plate of the third trituration represents  $\frac{1}{720,000,000}$ th of a grain of gold. If we calculate the gold granules within the field of vision only at 5,000, this would yield 28,800,000 divided, and yet divisible granules of gold in one grain of the fourth trituration of gold, and when we multiply this by 2 to make allowance for the two grains used in making the trituration,\* this would give 360,000,000,000 visible gold grains.

“ I examined the fourth trituration by a power magnifying 90,000 times, and it was evident that the diminution of the particles progressively increased, the smallest gold molecules appeared yellow, and the metallic lustre was not to be mistaken. I also saw grains as large as a poppy seed, and even gold follicles with a distinctly flat surface. There are at least ten granules of the fourth trituration to the space of the  $\frac{1}{100}$ th of a line. So that the diameter of such a gold granule is  $\frac{1}{100}$ th of a line.

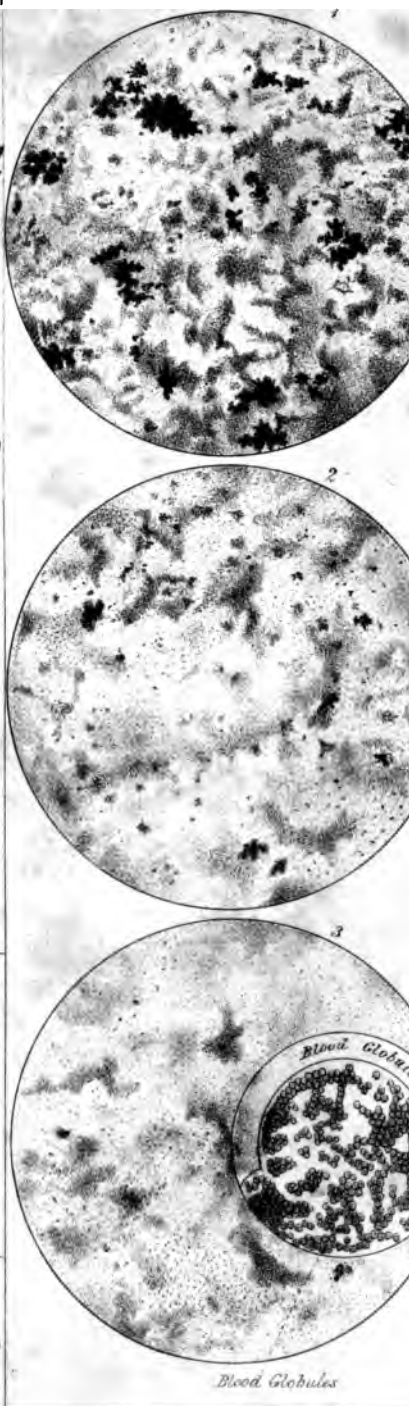
“ I could follow the metallic gold with certainty to the tenth or eleventh trituration.”

The result of Mayerhofer's observations upon silver, mercury, lead and copper, arsenic and zinc, are much the same as those upon gold and platina. With regard to metallic iron, he finds that only a very small portion of the iron filings employed by allopathic practioners can be absorbed, by much the greater part being a mere mechanical irritant to the intestinal canal. This remark holds good with regard to most of the metallic preparations allopathically employed. He also found that it was impossible to triturate the baser metals for the most part without their becoming more or less oxidated.

The following are the conclusions he conceives to be warranted by the experiments and observations :—

1.—The royal metals retain, even when triturated to the finest powder, all the peculiarities of the metals unchanged, and remain after this division of their particles, just as

\* Two grains to 98 is the proportion in making the trituration.



Macleay, Deane & Welling



insoluble in water and alcohol as when in larger masses. It is only to the naked eye that the metallic particles disappear from their minuteness, but they reappear again under the microscope. Against the assumption that the metals by finer division may be made soluble, he urges the question, where does the solubility commence when we see that the 90,000th part of the smallest visible metallic point has not begun to be soluble? If we understand by solution, a mutual impenetration of two bodies, the solvent and the soluble, so that they present one entirely homogeneous and undistinguishable mass; in this sense, the metallic oxides are as insoluble in water and alcohol as the metals themselves.

2.—The metallic lustre is exhibited by the noble metals even when reduced to the smallest visible points; but disappears from the baser ones owing to their oxydation. The best test of the presence of the metal is its perfect opacity, which remains, however small the particles are, and whatever amount of light is employed. This test alone distinguishes the metallic molecules from all impurities, the specific gravity manifests itself only in the larger particles, the very fine ones swim on the surface, or float in the body of the liquid. So that in the solution of sugar of milk there are always three groups of particles, one set swimming on the surface—chiefly flat or oxydated—another floating through the liquid, and the third lying at the bottom.

3.—In the process of trituration there is a progressive division and diminution of the substance; and this by making it capable of assimilation, and by rousing its imponderable forces may be called an awakening of the substance. Whether by shaking, a still greater division of the triturated metal takes place, is doubtful; but certainly both by the trituration and shaking there is a development of its electrical properties.\*

4.—The actual divisibility of matter by mechanical division passes indeed into the wonderful, yet still it is limited,

\* It is a pity that the author does not tell us by what experiments he ascertained this.—EDS.



and is far beneath the mathematical idea of divisibility. The visible particles of the substance become gradually smaller and fewer as the numbers of the triturations ascend, and at length altogether cease; while the atoms in a similar proportion become smaller and more mobile, and at length they must come to a point at which they cannot be further divided by mechanical means, from their evading the triturating force. We ought, however, to be quite content with the practical divisibility of matter; for the examination of the precipitated metals shows that the diameter of the finest metallic particle is  $\frac{1}{100000}$ th to  $\frac{1}{1000000}$ th of a line, while the diameter of a blood-globule is  $\frac{1}{1000}$ th of a line, so that the cubic contents of a metallic particle is at least 64 times less than that of a globule of human blood. (Vide Plate, fig. 3.) This astonishing result, of the truth of which every one may satisfy himself with his own eyes, is very comforting to the Materialist and *Nihilist*, whose proclamations about the nullity of homœopathic doses is silenced by the microscope. One who has anxious doubts about the matter can comfort himself with the certainty, that a homœopathically treated patient takes in a grain of the third trituration of tin or arsenic, 115,200,000 particles of metal, if it be prepared by the centesimal scale, and 576,000,000 if it be prepared according to the decimal scale; that each of these particles possesses all the properties peculiar to tin and arsenic, and from their being smaller than the blood-globules they can freely penetrate all the organism, and develop their specific effect upon every part.

5.—It is of much consequence what state the metal is in when it is used for trituration; for as the microscopic investigations show this to have an important influence. According to my observations, metallic oxides, precipitated metals, and fluid mercury, are the best adapted for trituration; iron, and lead-filings, are less so; zinc and copper, obtained by rubbing under water, or alcohol upon a grindstone, still less; and gold and silver leaf, the worst of all.

6.—Lastly, it is manifest that it is only the noble metals that afford true reguline preparations, the baser metals be-

coming oxidated from their strong affinity for oxygen when subjected to friction.

From this it would seem more advisable to employ the oxides of the metals at first, as this would give a more constant preparation, and probably one of greater activity.

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ON THE NEW MEDICAL SCHOOL, AND THE CAUSES THAT  
PREVENT ITS BEING MORE GENERALLY ADOPTED BY  
MEDICAL MEN.

A SECOND LETTER WRITTEN TO A MEDICAL FRIEND.

By J. GILIOLI, M.D., LL.D.

A more philosophical investigation of the History of Medicine will manifest, in each of its periods or cycles, distinct *stadia*, which mark, through inward and outward impulses, the progressive advancement of the period which they constitute, while the chronological succession of such periods themselves will show the constant development of the Medical Science and Art towards perfection. In the earliest period beneath the ancient theosophical vesture of Medicine in Asia, Egypt and Greece, especially among the Asclepiades, we trace the first vestiges of practical and purely clinical observations; thence we proceed and find the emancipation of Medicine from a sacerdotal stewardship, and its primeval scientific formation through Hippocrates, from whom we arrive at the most perfect and systematic cultivation of theoretical Medicine among the ancients through Galen. A second period or cycle may be traced through the middle ages, in which the Medical science and art, like any other department of civilization, was to rise again, and undergo a complete renovation from the ashes and fragments of Grecian and Roman culture. Here Medicine is fostered again in a sacerdotal cradle among the mystic neoplatonic and cabalistic theosophists; whence we see it gradually striving towards a scientific development among the Arabs and the Christian monks, till it obtains a second emancipation in the Medical Laws of Frederick II., and the establishment of medical schools in Italy. Here, at the close of the middle ages and the dawning of modern

civilization amidst the pedantic studies of schoolmen, and the restoration of ancient Philosophy and Medicine through Arabic writers, we trace the bold independent, though extravagant, genius of Paracelsus, who laid the first foundations of *dynamical* principles in Physiology, Pathology and Therapeutics. The last period of the History of Medicine is coeval with the scientific movement of the sixteenth and seventeenth centuries, when the empiric Philosophy of Bacon, Hobbes and Locke allowed but a short respite to the imperfect theories of the Jatro-chemists and Jatro-mathematicians, and favoured, through Sydenham, the restoration of the Hippocratical school, and a return to clinical observations. Such positive movements of Philosophy and Medicine prevailed more especially, and in great measure still prevail, in England and France; while in Germany the exotic Philosophy of Bacon, Locke and Condillac, on one hand, and the indigenous speculative School of Leibnitz and Wolf, and more recently of Kant, Schelling and Hegel on the other hand, gave rise to a double parallel movement in Science, in which the *most positive*, as well as the *most speculative*, character can be traced both in the direction of *dynamism* from Stahl to Schelling, and in that of *materialism* from Hoffmann and Haller, to Gall and Oken.

Here the medical student of the History of Medicine will meet with the immortal name of Hahnemann and his New Medical School. Before entering this new temple of Hygea, and inspecting the additional compartments that are going on in our days, and will certainly continue in future, let him pause and behold in the *past*, the progressive, though often tortuous development of the Medical science and art, and let him beg to construct mentally *a beau ideal*, a theoretical and practical system of Medicine for the *future* as perfect as he can imagine, and as much consistent as possible with its foregoing development. After the philosophical investigation of the History of Medicine, which I have endeavoured to sketch, the Medical Student will not find it difficult to imagine such an ideal perfection in the principles and the practice of the Healing art. A perfection in the *graphic* Sciences would enable us to identify and recognize speedily the various pro-

ducts of inorganic or organic nature in their minutest particles. A greater perfection in the *inductive* Sciences would reveal to us all the general laws or the *modes of action* of Nature in its three terrestrial kingdoms. Hence we would be enabled better to determine what is that *outward Nature* or active Principle to which, as a *cause* or a *union of causes*, we attribute such laws or modes of action as *effects*. Thus in *Physiology* and *Pathology*, or the Science of living beings in their normal and abnormal conditions, we would strive to determine better what is that *inward Nature* which Hippocrates, Paracelsus, Stahl and many others have recognised as possessed with *modes of reaction*, against and upon the *actions* of an *outward Nature*. Hence we would better define the character, intensity and extent of such modes of *reaction* as immediately interest Medicine, and have often been called the *Vis medicatrix naturæ*. This would lead to a more perfect knowledge of the *actions* that are co-relative to the *Vis medicatrix*, whether proceeding from *outward Nature* or from the *agency of man*; the former kind of knowledge would guide us to complete a system of Nosology and Pathology, while the latter kind of knowledge would promote the advancement of Pharmacology and Therapeutics: thus, in the words of Paracelsus, we should be better acquainted with the mutual relations of man, the *microcosmos*, and external nature the *macrocosmos*.

Now, if along with our imaginary inquirer into the History of Medicine, you will yourself, my dear friend, take the trouble of examining again the new Medical Doctrine from its first appearance in the commencement of this century to our days, you will not be long detecting that the *beau idéal* above-mentioned, if I am not greatly mistaken, is at least dawning in the new Hahnemannian School. You will find it in the principles that are expressed or implied therein, in the investigations and studies to which it leads, and in the practical results that follow and will follow in greater perfection. In these principles, let me tell you briefly, we trace the *dynamical theory* extended to the *vital* as well as the *chemical* and *mechanical phenomena* of Nature; thus Nature itself, the supposed hypothetical *substratum* of such pheno-

mena, appears threefold before our mind, viz., as a *Vital Power*, rising spirally, so to say, through the *coniform* kingdoms, vegetable and animal, till it reaches its highest development in Man; as a *Chemical Power*, manifested in the minutest parts of matter, and as a *Mechanical Power*, manifested in the various bodies of our earth and solar system. The Chemical and Mechanical Powers are subordinate to the Vital Force in all organic beings, while the Vital Force itself in superior animals seems to be co-ordinate, and in *free man* alone subordinate to a *Mental Power*, the highest force with which we are acquainted. From such dynamic principles which, if not fully expressed in Homœopathic books, I believe to be implied in our new Doctrine, all the scientific investigations bearing upon the Medical Science and Art will be directed to determine and classify the multifarious modes of the relative actions and reactions of the four agents conjoined in Man, viz., the Mental, the Vital, the Chemical and the Mechanical; and more especially with regard to the two latter, the Chemical and Mechanical, as well in their subordination immediately to the Vital, and mediately to the Mental Power, as in their independance of them through the wide space of our solar system. It is then obvious that the determination and classification of such actions and re-actions would perfect Physiology and Pathology on one hand, and Therapeutics on the other. The practical details of a perfect system of Therapeutics, to which I shall allude more fully in another letter, as a consequence to the above-mentioned dynamical investigations, will show what we have already obtained, and what we can expect from our new School of Medicine.

However, it is not merely from the study of the systematic progress of Medicine, as traceable in its History, but also from various historical details that the followers of the Old School would be led to adopt the new Medical Doctrine. Let me only mention the history of the principles of some men, whom we may consider as the forerunners of Hahnemann, and the history of the migrations and transmission of epidemic maladies. The latter subject would throw light on and give support to Hahnemann's theory of Chronic Diseases, though, you know, I regard it as an exaggerated gene-

ralization; but upon this subject, I cannot dwell now. As for the other topic, Hahnemann himself, at the end of the introduction of his *Organon*, with much candour refers to a few medical men, who seem to have suspected or faintly conceived the great therapeutical law of Our School. Here we meet with the name of Hippocrates, by whom the Homœopathic principle 'Ὅμοιον παθος, ὁμοιον φαρμακον, is clearly stated; and it matters little whether he or some ancient Asclepiade were the author of the book here referred to. Elsewhere others, moreover, are quoted, viz., Hippocrates again, or the author of the book of *Επιδημιων* Boulduc, Detharding, Bertholon, Thoury, Stoerck, Sennert, De Haen, Thomas de Mayence, Münch, Buchholz, Neimike, Rust, Axter and Hildreth, who acknowledged the curative effects of certain medicines, such as *Hellebore* in Cholera, *Rheum* in Diarrhæa, *Senna* in Colics, *Stramonium* in Mania, *Sudorifics* in the sweating Sickness of England, *Dulcamara* in Convulsions, *Belladonna and Cantharides* in Hydrophobia, as having depended upon their producing similar ailments in healthy individuals. But among those whose *dynamical* views in Physiology and Pathology gave them a clearer foresight of our new Medical doctrine, we must reckon foremost Paracelsus, Oswald Croll, Van Helmont, Tycho de Brahe and Stahl. The genius of Paracelsus is undeniable, however extravagant his views may have been in Alchymy and on Astronomy; and however apparently misunderstood and misrepresented by Sprengel and others. His appearance in the fifteenth century should be regarded as an era in the progressive development of the Medical Science and Art. Against Galen, he restored and extended the dynamical principles of Hippocrates, he applied them to Physiology and Pathology, and first drew the attention of the Physician to the importance and value of *specific* remedies. In his chemico-vital views on Physiology, he regarded assimilation and secretion respectively as a kind of specific *attraction* and specific *repulsion* under the general direction of an organico-dynamic principle the *Archeus*. Similar views he seemed to entertain with regard to Pathology; in the state of illness, he held the elementary principles of organism to have lost

their mutual harmony; for him a morbid process depended either upon contagion, poisoning or inflammation; the material element of disease was a *miasma*, the dynamical element a *vital reaction*; a morbid structure was like a parasitic formation; the protracted and renewed efforts of the reacting *Vis vitæ* gave rise to the *Crises* of a malady, from which either health, permanence of disease, or death would follow. But the Archeus as a *Vis medicatrix* was to be assisted by his *specifica*, which he called also *arcana*, as derived from the *Macrocosmos*; and as having peculiar specific relations to the various organs of the *Macrocosmos*; he held the action of medicines to be immaterial, that is dynamical; he was opposed to medicinal mixtures, and he introduced himself *tinctures*, *essences* and *extracts*.\* Among those who walked more or less in his track, such as Von Helmont,† Tycho de Brahe,‡ and Stoerck, in the seventeenth century, Oswald Croll acknowledged the efforts of nature, as a *Vis vitæ*, to restore what a morbid action had removed, or to remove what disease had superadded in the living organism; he was the first to introduce Calomel, and considered such remedies to be really *contraria* as in their pathogenesis are *similia* to nature when reacting, and thus producing symptoms and crises. In the commencement of the eighteenth century, Stahl, besides his dynamical principles, declared the Galenian rules *contraria contrariis* to be false, and stated most decidedly the preference he gave to the opposite therapeutical rule *similia similibus*; having cured, as he says, burning by approximating the injured part to the fire; frost-bite by the application of snow and cold water; inflammations and contusions by applying spirituous lotions; and acidity of stomach by small doses of

\* V. Lessing Geschichte der Medizin, also Hirschel Geschichte der Medicin.

† Von Helmont Op. l. c. l. p. 159.—Hinc tandem absurdo generalissimo, indicationes generales morborum per solas contrariorum oppositiones fieri dictavit Galenus.

‡ V. Epist. Astron. p. 162.—Habit enim morbus istud cum sulphuris natura non parum commune, unde etiam per sulphur expeditus solvitur tamquam simile suo simili. Neque id Galenicorum semper verum est: Contraria contrariis curari.

sulphuric acid. Thus these men handed down to posterity a dim outline or an embryo, as it were, of the great discovery of Hahnemann and its successive evolution; they were thus the real forerunners of our great Master, showing thereby, how every successive degree of development must take place *gradually* in the gradual progress of knowledge.

But if the ignorance and imperfect knowledge of the *past* disable us from judging and appreciating the *present* with its *future* tendencies, what shall we say when ignorance and inadequate knowledge exist with regard to the very present itself? This, however, I have no doubt is the real case among many of our medical brethren; some of them seem to know very little indeed of the *statu quo* of our Science and Art in continental Europe, more especially with regard to our New Medical School. Yet the great therapeutical law was first proclaimed by Hahnemann so far back as the year 1796; the notice which British Medical periodicals have taken now and then of the rising new School could not be calculated to excite curiosity and interest in a great majority of prejudiced and busy readers. Strange to say, it was a literary and political periodical, the Edinburgh Review, in which, in 1830, (to my knowledge), the first and best account of Homœopathy was given to the British public. "Be the doctrines of Hahnemann," says the Reviewer, "true, as they are pleasing, or false as they are startling by their novelty, it is time that they should be made known to the British public, and submitted to the keen and sagacious criticism of our Medical School. True or false, Homœopathy is at least not to be confounded with empiricism. It has some of the outward signs, but it has none of the inward and essential characteristics of quackery. It is not a mystery concocted and retained for the sake of money-getting, but it is fairly and openly given to the world. It is not a resource and refuge for ignorance, but requires extensive knowledge of the parts and functions of the human frame, of pathology too as well of physiology, of botany and chemistry, and the practical use of both. It is not an insidious delusion converting the hopes of the valetudinarian into instruments of death; a chalice sparkling



on the brim, but fatal on the draught, seducing by the first feelings of transient amendment, in order to destroy by the slow and sure result of repeated application; on the contrary, it enforces abstinence and self-denial; it tampers not with the fine springs of life; and by the confession even of its enemies, if in some cases it should do no good, in scarcely any case can it do positive harm."

If our professional brethren of the Old School were better acquainted with the rich literature of the Homœopathic doctrine, its practical working in various countries of Europe and North America, and the progressive improvements which it has undergone and is constantly undergoing since its first promulgation, I have no doubt that their mind and judgment would soon be changed, and the light of a truth, concerning the health and life of our fellow creatures, would soon shine upon them, and henceforth become their guide.

Various periodical publications in the German, French, Italian and English languages, have registered and are still registering practical results and theoretical discussions on the relations of the new Doctrine with the phenomena of health and disease. I may here mention in German the *Annalen*, by Hartlaub and Trinks; the *Achiv*, by Dr. Stapf; the *Hygea*, by Dr. Griesselich; the *Homœopatische Zeitung*, by Drs. Gross, Hartmann and Rummel; very recently the Austrian *Journal of Homœopathy*, edited by Dr. W. Fleischmann, Dr. C. Hampe, Dr. Ph. A. Watzke and Dr. F. Wurm, besides other Periodicals, all exclusively upon Homœopathy. In French the *Revue de la Médecine Spécifique*, by Drs. Chargé, Petroz and Roth; the *Bibliothèque Homœopathique* of Geneva, and a few other. In English the *American Journal of Homœopathy*, and the *Homœopathic Examiner*, both published at New York, and the *British Homœopathic Journal*; and in Italian the *Annali di Medicina Omiopatica* published at Palermo. Among systematic works, I may mention, besides the *Organon* of Hahnemann, the *Organon of the specific Medicine*, by Dr. Rau; the remarkable work of Dr. Schrön, on the Healing processes of Nature, and the various methods of the Healing art. Excellent treatises have also been written by Hahnemann on Chronic Diseases; by Hartmann on Acute

Diseases. Also many monographs in various languages : on the Asiatic Cholera, by Dr. Quin ; on Syphilis, by Dr. Atto-myrr ; on Intermittent fevers, by Bönninghausen, &c. ; besides works on Dietetics ; popular and domestic manuals ; numbers of polemic Essays ; treatises on Pharmacology ; and many systematic arrangements of the *Materia Medica*.

As for the practical working of our new Medical School in various countries of Europe and North America, I may only refer our professional brethren to the recent publication of Dr. Rosenberg, on the progress and efficiency of Homœopathy in Hungary and other countries.\* There they would see the result of the inquiry into the Homœopathic cures of Dr. Marenzeller in the great military Hospital at Vienna, from a Commission appointed by Government ; the result of another similar inquiry at Tulczyn in Podolia, and in a military Hospital at St. Petersburg ; and various clinical statistics of a hospital at Munich, of the medical institutions at Günz and Gyöngyös in Hungary ; of the Hospital of the Sisters of Charity in Vienna, and of the Homœopathic Institution

\* *Fortschritte und Leistungen der Homöopathie in und ausser Ungarn*, von Dr. C. H. Rosenberg. Leipzig, 1843.—It is, however, but fair to state, that what is here related on the condition of Homœopathy in Hungary and Germany, as I have many reasons for thinking, can be relied upon as truthful ; in the information that follows about other countries, many statements are doubtful ; while some I have found myself to be exaggerated or utterly false. Who of us would not laugh at Dr. Rosenberg's surmise, that if our beloved Queen should be taken ill and then treated and cured by Homœopathic means, Homœopathy would be brought so much into fashion, that in *eight days* the old practice would be ruined in all England ; just as a divorce of Henry VIII. turned out Catholicism from England!!! What a happy comparison ! Again, who has ever heard of a Homœopathic Hospital in Manchester connected with a Medical School, where Dr. Belluomini, the principal physician of that Hospital, delivers lectures on Homœopathy to a numerous audience, both from the chair and at the bed side of the patients ? (Ibid p. 134—135.) Such misstatements are the more to be regretted, as they suggest of course to the sceptic and to our opponents, the convenient argument *ab uno disce alia*. Unhappily it is a besetting sin with some German writers to store up and hoard anything, right or wrong, from whatever quarter it may come, as well as to communicate to their readers any thought or shade of thought that may happen to cross their mind while the pen is betwixt their fingers.

at Leipzig. There the statistical tabular views, compared with others as resulting from Allopathic treatment, show, that the average mortality in the Homœopathic hospitals has been  $4\frac{1}{3}$ , and in the Allopathic hospitals 13 per cent. The greatest triumph, perhaps, that the Homœopathic Method has hitherto accomplished, is there shown in the statistical accounts of the treatment of the *Cholera Morbus* at Vienna, in Bohemia, Hungary, Russia, Poland, Italy and Egypt; the result there stated is, that the average mortality of Cholera patients treated homœopathically, was something less than 9 per cent., while the average mortality of those that were treated allopathically rose to  $51\frac{1}{3}$  per cent., the difference then is of 40 per cent. in favour of Homœopathy; consequently, of the three millions about, which, as it has been calculated, died in Europe of Cholera, two millions and a half would have been spared, if all had been treated homœopathically. In Hungary three homœopathic Hospitals have been established by private subscription; one for lunatics at Gross-Wardein, under the direction of Dr. Sztarowcszky of 20 years standing; another for ordinary diseases, at Günz, attended by Dr. Bless, since 1833; and the third at Gyöngyös established four years ago, under the direction of Dr. Horner. In 1829, a Central Association of homœopathic Physicians was instituted at Leipzig, which every year, on the 10th of August, was to meet in various places of Germany, for the purpose of affording scientific communications, while a hospital and a medico-homœopathic School were to be erected in Leipzig under the superintendence of the Association; hence they appointed a director of the Association and of the Hospital, two professors to deliver public lectures on Homœopathy, and a standing committee of six physicians to decide upon controverted points on the principles and practice of the new Doctrine. It is, however, true that the success of this Medical Institution, in which, lately Dr. Noak was the director, and Dr. M. Müller, one of the lecturers, was not permanent, nor such as the friends of Homœopathy would have wished, owing to dissensions among members, and, as it appears also, to economical difficulties. In Vienna, the Hospital of the

Sisters of Charity was opened in 1832, when the Cholera was raging in that metropolis ; but it is only since 1836 that all the patients of this Hospital, now under the direction of Dr. Fleischmann, have been treated exclusively according to the homœopathic method. In the suburb, Gumpendorf of Vienna, another Homœopathic Hospital has been more recently erected, at the expense of the Archduke Maximilian of Este. In Linz, the capital of Upper Austria, there is another Hospital of the Sisters of Charity, under the direction of Dr. Reis, in which patients are treated homœopathically ; the latest accounts we have of this hospital are indeed most satisfactory ; of 332 patients that were admitted there from the 1st of June to the end of December 1842, four only died, which makes the average mortality less than 2 per cent., while of 76 patients affected with inflammatory diseases, not a single one died. In the town of Kremsir, in Moravia, another Homœopathic Hospital of the Sisters of Charity was opened in the autumn of 1843. The King of Prussia has already decreed a sum of money for the erection of a Homœopathic Hospital at Berlin, in connexion with a chair of clinical lectures. In the time of the Cholera, a Homœopathic Hospital was erected at Munich at the public expense, 3000 florins having been granted by the Chamber of Representatives. Unhappily, some time afterwards, the malignant envy of interested or prejudiced opponents succeeded too much, and the national subsidy being discontinued, the Bavarian hospital, for want of funds, remained a simple dispensary. In Bavaria, however, as elsewhere, all the resources that are in the power of our most bitter enemies shall never succeed in resisting the triumphant progress of the new Medical School ; and there especially where Wideman, Schrön, Roth and Mosthaff, by their lectures, works and cures, are continually increasing and spreading its light. Three professors, Martin, Weber and Arnold, are appointed to lecture on the Homœopathic doctrine in the Universities of Jena, Friburg and Zurich. Dispensaries for the poor exist almost in all principal towns of Germany, and seven Homœopathic Associations in Saxony, Silesia, Baden, Darmstadt and Thuringia, are continually at work to extend and enrich the theory and practice of

our new School. Further inquiries would show that in connection with the Hahnemannian doctrine, practitioners, writers and public Dispensaries are now in existence almost in all countries of the civilized world, in Great Britain, the United States of America, France, Belgium, Switzerland, Italy, Spain, Portugal, Russia, and even in the Levant and in British India. And as for Converts to the new doctrine, enjoying a certain celebrity in the medical world, it is somewhat remarkable that we reckon now among them two professors of Pathology, (as such, by the way, the most competent judges *cæteris paribus* of all the cultivators of any peculiar branch of Medicine,) viz., Professor Henderson, of the University of Edinburgh, the most celebrated School of Medicine in the North, and Professor D'Amador of the University of Montpellier, the highest medical school in the South of Europe.

Lastly, in the present condition of Homœopathy, beside its literature and practical working, there is a third point, viz., its gradual and progressive improvements, of which, as I have assumed, our brethren of the Old School are almost entirely ignorant. If we happen to argue with some of our opponents, who take the credit of having paid some attention to the New Doctrine, or if we read even the most recent of the polemical pamphlets that have been written against it, we shall soon discover that these opponents have only perused Hahnemann's *Organon*, and glanced slightly at a few pages of his *Materia Medica*. Accordingly, they take for granted that Homœopathy, like Pallas from Jupiter's brain, issued from the mind of its founder at once in its full growth and perfection. They seem to think that after Hahnemann, nothing more could be, or has been added by his disciples, either to the principles or to the practice of the New School; they are perfectly ignorant of any change or modification whether proposed or actually introduced in the way of improvement or rectification. Doubtless, if Homœopathy had been but a fanciful invention, devoid of any foundation of truth, as our opponents at best consider it, after a half century it would have been given up by many, who but rashly had adopted it, and unchanged in its princi-

ples and practice would have remained but the resource of a few quacks to promote their profits and the pleasure, which is *as great of being cheated as to cheat*. But, on the contrary, if Homœopathy has gradually gained ground, and the number of converts has been progressively increasing, if its principles and practice are incessantly tested by new observations and experiments, as well as discussed in academical societies, books, pamphlets and periodicals, we cannot rationally presume that unlike any other kind of knowledge it has remained stationary for about 50 years, as if men scientifically educated, could be satisfied with walking continually about the same ground or riding incessantly the same hobby. On the contrary, independently of new additions to the *Materia Medica*, of accumulating clinical experience, and of theoretical views more enlarged and satisfactory, various modifications which might be called a real *reform* have been introduced at various times in both the principles and practice of the Hahnemannian School. Dr. Rau, who may be considered the first of these reformers, expounded his views in various writings, but more fully in his *Organon of the Specific Medicine*.\* Here, against those who follow more the *letter* than the *spirit* of the New Doctrine, he shows both the scientific worth and the practical importance of Diagnosis, Aetiology and Semiology; he rejects Hahnemann's theory of the *psoric* origin of all chronic diseases, and therefore the denomination of *anti-psoric* remedies, or rather he modifies it into a theory of a morbid *Crisis* as the proximate cause of chronic diseases, whose remedies he calls *Eucrastic*; he recognises the *Vis Medicatrix*, and consequently admits in some cases the *methodus expectativa*; nor does he hold the Homœopathic Method as being *exclusively* proper in all kinds, or in all the stages of *Maladies*; and with regard to the dynamization of Homœopathic Medicines, he maintains that their successive dilutions or triturations increase their *extensiveness* but not their *intenseness* in the living organism through the nervous

\* V. Organon der specifischen Heilkunst, Ideen zur wissenschaftlichen Begründung der Systems der Homöopathischen Heilkunst. Giessen, 1834. Ueber den Werth des homöopathischen Heilverfahrens. Heidelberg, 1835.

system. Among the independent observers or reformers, we may number Dr. M. Müller of Leipzig, who, in his *History of Homœopathy*, first published, I think, in Dr. Stapf's *Archiv*, and in his lectures tried to set limits to various points of Hahnemann's dogmatism\*; also Dr. Wolf, the author of eighteen Theses, or fundamental propositions of the New Medical Doctrine :† Drs. Trinks and Noack, the editors of a new *Materia Medica* in course of publication, in which to the *Pathogeneses* of each medicinal substance, they add notices of *Pathological anatomy*, from cases of poisoning, both in men and inferior animals, and copious clinical records of both the *Old* and *New School*; there they admit exclusively low dilutions or triturations, and the doses as well as their repetition come sometimes very near to those that are used in the old practice.‡ Also Dr. Griesslich, and all the contributors to the *Hygea*; likewise Kurtz and Vehsemeyer, the editors of the *Berlin Annals for the Specific Medicine*, a periodical which first appeared in 1838, and shows a similar tendency as the *Hygea*.|| But above all these we may mention Dr. Schrön, who, in his too anxious attempt to reconcile the old with the new School of Medicine, has often gone so far as to set himself in direct opposition with many important principles and rules, as laid down by the immortal founder of our Doctrine; for here Homœopathy is but *one* of the three methods of treatment which Medical Science and Art *equally* admit; the theory of dynamisation he calls a monster: he does not acknowledge any medicinal aggravation, and with Noack and Trinks advocates exclusively larger doses, lower dilutions and triturations, and more frequent repetitions; to the principle of *Similarity* (*Äenlichkeit*) be-

\* V. zur Geschichte der Homöopathie.

† V. Achtzehn Thesen für Freunde und Feinde der Homöopathie.

‡ V. Handbuch die Homöopathischen Arzneimittellehre von Dr. A. Noack and Dr. C. F. Trinks. Leipzig, 1843. There, for instance, under the article *Chininum sulphuricum*, or Sulphate of Quinine, they admit the doses of one till two grains of the pure Sulphate, or of its first or second trituration that may be repeated many times daily, according to circumstances, *mehrmals nach Umständen täglich wiederholt*.

|| *Jahrbücher für specifische Heilkunde*.

tween the *pathogenesis* of the medicine and the symptoms of the malady, he substitutes that of *Harmony* (*Uebereinstimmung*) between the *specificity* of the remedy and the *process* of the *disease*. He is quite right, however, in looking for a *diagnosis* in both the remedy and the disease; in regarding as *unscientific* and *empiric* the mere *covering* of symptoms; and with Rau, in insisting upon the importance of distinguishing the latter into *primary* and *secondary*.<sup>\*</sup> Finally, among the independent, impartial and scientific cultivators of the New Medical School, we believe we may reckon Dr. Watzke, and the other co-editors of the Austrian Journal for Homœopathy,<sup>†</sup> as it appears, more especially in their plan of attempting a thorough revision of our *Materia Medica*, and in the importance on which they insist of becoming acquainted with the development, course and duration of Medicinal diseases; the time of the appearance and disappearance of individual symptoms; the importance of being able to distinguish transitory and accidental phenomena from those that are necessary and essential; and in the advantage which they point out of knowing the periphery and the centre in the sphere of Medicinal action, together with the primary and secondary actions of Medicines, their sympathies, synergies and antagonisms, and above all the extent and importance of the Medicinal malady.<sup>‡</sup> No doubt some of these reformers, who have been called *Heterodox*, may have gone too far, or altogether astray in various points, no less perhaps than those who call themselves the *Orthodox* party; most likely here, as in many other disputes, *in medio stat veritas*. But my object was to show, and I trust I have in some measure succeeded, that among the causes that prevent the Homœopathic School being more generally adopted by Medical men, we may reckon the prevailing inadequate knowledge of the progressive development of Medicine, as manifested in the successive cycles and *stadia* of its history, to-

\* V. Die Hauptsätze der Hahnemannschen Lehre, 1834. Die Naturheilprozesse, 1837.

† Oesterreichische Zeitschrift für Homöopathie.

‡ V. British Hom. Journal, Vol. II, p. 332.



gether with a common disregard of such worthies, as may be considered the forerunners of the New Medical School, and a great deal of ignorance concerning the present condition of Homœopathy, in its literature, practical working and progressive movements.

*(To be continued.)*

**CASES ILLUSTRATING THE USE OF SEA-SALT ADMINISTERED INTERNALLY.**

**Dy DR. DUNSFORD.**

It appears to me to be quite rational and in accordance with the Homœopathic law, to dynamize and administer all products possessing medicinal properties in the form in which nature presents them to us. Thus, mineral waters known to act beneficially in disease, might I think be evaporated, and their residuum Homœopathically prepared and administered (until experiments have been made on the healthy subject to ascertain their pathogenetic effects) in those cases in which the waters themselves have been known to act beneficially. The waters of Aix in Savoy are known to be of considerable value in the treatment of paralysis; they act quite in accordance with the Homœopathic principle, and the following case is an excellent illustration of it.

A young lady afflicted with paralysis of the lower extremities repaired to Aix in Savoy for the benefit of the waters. Her sister, who accompanied her, was in perfect health, and being on the spot it was thought advisable that she also should take the baths. She had taken them only a few times when the lower limbs became weak, and she speedily lost all power in them. Her mother returned much disappointed in the original object of her visit, and greatly distressed at the additional affliction. Knowing the effect of these waters, I assured the parents that it was my conviction that the evil would be only temporary. The young lady's health remained very good, though she suffered slightly from insufficient exercise in the open air. But in eight months she was able to stand, and in a month or two after that she walked as well as ever; little or nothing having been done medicinally to expedite the cure.

I was led to prepare and administer Sea-Salt in consequence of seeing numerous cases among the poor which I felt confident would be benefitted by sea air ; but the indigence of the patients precluding the possibility of a residence at the sea side, it struck me that by dynamizing the salts procured by the evaporation of sea water, a change something like that produced by sea air might result. I accordingly procured some sea water, which Mr. Headland, our Homœopathic chemist, prepared in the usual manner.

F. D. suffered from chronic enlargement of the cervical glands. The upper lip was much swollen, and the patient exhibited other marks of the strumous habit. Sal marinum produced considerable improvement, but the cure was completed by Bar. Carb.

R. H. had suffered for nearly two years from enlargement of the concatenate glands ; one, a little above the clavicle, had suppurated ; and there were abscesses in different parts of the body. Sal marin. had an excellent effect. The sores assumed a healthy appearance under its employment, and the cure was completed by Sulph.

M. C., a woman aged 37, suffered from enlargement of the cervical glands, some of which under the ordinary Homœopathic remedies suppurated, and no permanent improvement was perceptible until Sal marin. was administered ; under which remedy the sores put on a healthy appearance, and were speedily healed.

R. B., a young man, had suffered for many years from suppuration of the glands of the neck. The sores partially healing, but speedily afterwards assuming their original character. The patient (May 1841) had always been greatly benefitted by sea air. Several Homœopathic remedies were employed with temporary benefit ; but from the time Sal marin. was administered they quickly healed, and to the present day have not recurred ; the general health and appearance having wonderfully improved.

A. D. had been afflicted with enlargement of the cervical glands for some time ; they improved under Bell. and Merc. but remained afterwards stationary until Sal marin.

was administered, when they quickly diminished, and in a short time were completely absorbed.

E. B., a young female, had long suffered from infiltration of serum into the superior palpebra with ulceration of the lids. She was temporarily benefited by several of the remedies ordinarily administered in Homœopathic practice, but was only permanently relieved by Sal marin. which in six weeks induced a complete healthy action of the meibomian glands.

G. Y., aged 17, had been affected several years with enlargement of the cervical glands, and with a discharge of purulent matter from the nose. Great benefit was experienced from Sal marin. but the patient being of a confirmed scrofulous habit, the cure was only completed by perseverance in the antipsoric treatment.

G. B., a lad who had been affected with swelling of the glands of the neck after hooping cough 2 or 3 years previously, was greatly improved by Sal marin. This not producing complete absorption, was followed by Nat. mur. and Iodin. which effected a cure.

M. N., a female, had been a long time affected with enlargement of the glandulæ concatenatæ. Sal marin. was administered with immediate benefit; the glands gradually diminished for about two months, when they remained stationary. Iodine was then given with advantage, and a complete cure was effected by a repetition of Sal marin. in about 4 weeks.

F. H., a little girl afflicted with worms, and also with enlargement of the cervical glands, was relieved of the first by Cina, and the swelling of the glands speedily subsided under the employment of Sal marin.

J. W., a lad suffering from papular eruption and large abscesses in the body of two years' standing, first took Sulph. with very little change, but in 2 months was permanently relieved by Sal marin., the pus being absorbed.

E. B., a girl of scrofulous habit, with enlarged glands, tumid abdomen, inflamed eyes and swollen upper lip, had been  $2\frac{1}{2}$  years under the old treatment. Sulph. and Conium.

were prescribed with advantage ; and she was permanently cured by *Sal marin.* during her attendance at the Dispensary.

R. J., a lad afflicted with enlargement of the cervical glands for some years (one gland suppurated) took various remedies, of which *Sal marin.* exerted the most beneficial influence on the glands, which became gradually absorbed under its use, and the ulcer healed. Being of a scrofulous diathesis, he is still under treatment for his general health.

A lad of a scrofulous habit had been for many years afflicted with swelling of the lower lip, which protruded in a very unsightly manner, was of a purple hue, and beset with rhagades. His parents had often taken him to the sea side ; during his stay there he had invariably derived great benefit, and the lip soon resumed a healthy appearance ; but soon after his return to town it as certainly became again morbidly affected. Judging from the history that *Sal marin.* was Homœopathic to the case, I administered it, and the effect was astonishing ; the lip remaining healthy for 2 or 3 years. He has since experienced one or two slight relapses, which were soon relieved by a repetition of *Sal marin.* He has since had Sulph. &c., with benefit to his general health. The point of importance in this case, is that sea air was invariably the Homœopathic remedy to this ailment, but the effect lasted only a short time after leaving the sea side. Whereas he continued free from the complaint for 2 or 3 years after taking the dynamized sea-salt, and the slight relapses that have occurred have been speedily mastered.

G. W. when about 4 years of age became affected with swellings of the cervical glands. They were extremely hard at first, but at length suppurated and burst, and several large sores made their appearance. For more than a year numerous Homœopathic remedies were taken with scarcely any benefit. *Sal marin.* being administered, the sores immediately assumed a healthy aspect, and in a short time were completely healed.

Many other patients have been greatly benefited by the employment of *Sal marin.* whose cases have required other remedies for their recovery. But this certainly appears likely to become a most useful remedy as an auxiliary, if not

as a principal, in the treatment of diseases in patients of a strumous diathesis.

A lady consulted me a short time ago, and amongst her other ailments was constipation, which she said was invariably relieved whilst at the sea side. I gave her *Sal marin.*; the bowels immediately acted naturally, and up to the present moment continue to do so under its action.\*

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A METHOD OF WRITING DOWN CASES.

By S. C. DAVIDS, M.D.

ON account of the great importance that is attached to a proper investigation of the disease which is to be treated on the Homœopathic principles, it is deemed necessary to have the items of all such inquiries noted down with exactness, memory alone not being sufficient to be trusted to, especially in chronic and complicated cases. Now as to the manner of writing down cases, the ordinary method is tedious, as at every subsequent visit it is necessary to write over again most of the same symptoms, as well as the changes which some of these might have undergone; and often medical men having much to do cannot give sufficient time to it; therefore, not unfrequently it proves unsatisfactory.

Conscious of this, I often felt, in the course of my Homœopathic practice, the want of a convenient method of writing down cases, such as would present the image of the disease in the simplest form, which would render the study of cases easy; and would be calculated to save time by having to refer in future merely to the symptoms already written down in order to observe the changes that might have taken place in them, and to note down only those changes in the shortest way possible. As my practice increased, I became more sensible of this want, and with a

We trust that these cases will induce some one to make a series of experiments to ascertain the pathogenetic action of this substance, for until this be done, the cures we effect by its administration can be little better than lucky hits.—EDS.

view to fill up this, tried various ways of writing down cases, till at last I was led to a method which I have adopted within the last three years of my practice, and I find it useful.

Considering it to be the duty of every zealous Homœopathist to help in every way he can to facilitate the application of his science, which in itself is most difficult, and to improve upon what is known already, and thus to advance the science, actuated by these motives, I venture to place before my professional brethren, the plan of this method; it may be useful to some, and may induce others to improve upon it, or make still more important suggestions that will be of greater practical value.

This plan consists in writing down the cases on peculiarly constructed tables, though the principle of it need only to be explained here, as we shall give a specimen of them, yet it may be well to give a slight description of the table, as the printed form may not present it exactly as it is used.

A number of single leaves of convenient sized paper are ruled by the stationer with faint blue ink horizontally, as if for common writing; every fifth line of it, however, being with red ink. Then there is a series of perpendicular red lines, which divide the page into a number of columns. In the first two columns, from the left hand side there is sufficient space allowed for writing short sentences on the blue lines, and all the other columns are wide enough for two or three words to be inserted into them. Some of the lines are double, in order to distinguish the columns which are intended for different purposes. The first column is headed with "General Remarks;" in this is noted down the name, age, temperament and history of the patient; also, the remarks that the practitioner may wish to make from time to time, with the prescriptions and the date.

In the second column all the symptoms are written down, each symptom on a separate line, one under the other; the principal symptoms are written, beginning with capital letters; the particulars of each symptom immediately under it with small letters. The use of the red horizontal lines is

two-fold; either to begin on them new symptoms, or the symptoms of different organs, and they also serve as guides to help the eye from confounding one line with another. The narrower columns are for the purpose of marking in them the changes of symptoms that may take place in the course of treatment. It will not, however, be necessary to mark in these columns the report of every visit, as sometimes only very slight changes take place, or none at all; but these should be entered into the column of general remarks.

At the top of each narrower column is marked the date of the visit, when the changes are noted down.

Every change or modification of any given symptom is marked in the proper column, on the line being the continuation of that on which that symptom is placed; in the second column those symptoms that have undergone certain changes, those changes should be expressed briefly. Such as may still continue the same as before are marked *do.* (*ditto*); and those that have been removed and are absent, their space may be left blank, or marked *gone*. If new symptoms should arise from time to time, they may be placed in the column of symptoms, and under the last symptom, and *do* marked on the corresponding line, under the date of the column when the symptom has been observed.

The medicines prescribed are expressed either by writing down simply the name, or together with it the particulars as to the form and manner of taking them. The abbreviations used in ordinary prescriptions answer all purposes; but there are some things peculiar to Homœopathy, such as the potency of the medicine which may be marked after its name; then, the form in which it is used with the quantity, as:

Prescription :—Bell. 6th iij; or Bell. 6/3 if it be the tincture; Pulv. Sulph. 12 gr. i.; or Sulph. 12/1 gr. if it be the trituration; Cham. 9, glob. ij.; or Cham. glob. 9/2 if it be the globules.

SPECIMEN OF DR. DAVIDS' METHOD OF WRITING DOWN CASES.

GENERAL REMARKS.	SYMPTOMS.	11/1.	8	15	12/8
<p>1842. 11/1. (or Nov. 1.)</p> <p>J— N—. Æt, 25. Of a nervous-bilious temperament. Single. When 15 years of age had a bronchocele for which much iodine was used both internally and externally, from that time there has been much gastric sufferings. A year and a half ago had hematemesis which continued some time, occurring several times a week. In the habit of taking aperients. Has an issue in the epigastrium, it discharges a little, has been blistered and leeches over that part. Looks anxious, as if suffering from pain. N. Vom. m. 6/3 aq. lilos., cochl. med. m. et n.</p> <p>8. Feels better. C. R. 15. Still improving, coec. gl. 6/2 p. v. n.</p> <p>23. Very much better, has felt the pains seldom. Sulph. 12/8. Almost quite free from the above symptoms. Now complains of urinary symptoms. Colch. m. 6/3 lilos., cochl. magn. o. m.</p> <p>15. Better in all respects.</p>	<p>In stomach aching pain, also lancinating pains worse after meals.</p> <p>Soreness in stomach worse on pressure.</p> <p>Heaviness in stomach as if something hard within.</p> <p>Flatulence.</p> <p>Eruclations.</p> <p>Taste in mouth bitter.</p> <p>Tongue brownish.</p> <p>Cramps in abdomen.</p> <p>Soreness in abdomen.</p> <p>Bowels constipated.</p> <p>Feeling of nausea.</p> <p>Cephalalgia in forehead and occiput with nausea.</p> <p>Throbbing in head.</p> <p>Eyes heavy.</p> <p>Humming in ears.</p> <p>Catamen. regular.</p> <p>Feet cold.</p> <p>Sleeps pretty well.</p> <p>Depression of spirits.</p> <p>Easily excited.</p> <p>Urine dark and clouded.</p> <p>Heat in urethra when urinating.</p>	<p>constantly.</p> <p>at times.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>a little.</p> <p>seldom.</p> <p>ditto.</p> <p>at times.</p> <p>at times.</p> <p>ditto.</p> <p>often.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>at times.</p> <p>a little.</p> <p>ditto.</p> <p>rather.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p> <p>rather.</p> <p>ditto.</p> <p>ditto.</p>	<p>less.</p> <p>more.</p> <p>ditto.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>less.</p> <p>ditto.</p> <p>better.</p> <p>ditto.</p> <p>ditto.</p> <p>rather.</p> <p>ditto.</p> <p>ditto.</p> <p>not so much.</p>	<p>at times.</p> <p>less.</p> <p>very little.</p> <p>a little.</p> <p>cleaner.</p> <p>occasionally.</p> <p>regular.</p> <p>at times.</p> <p>still.</p> <p>at times.</p> <p>not so much.</p>	<p>scarcely any.</p> <p>still a little.</p> <p>at times.</p> <p>a little.</p> <p>ditto.</p> <p>ditto.</p> <p>ditto.</p>



**REVIEWS.**

**MATERIELLEN ZU EINER KÜNFTIGEN HEILMITTELLEHRE  
DURCH VERSUCHE DER ARZNEIEN AN GESUNDEN MEN-  
SCHEN GEWONNEN UND GESAMMELT VON DR. JOHAN  
C. G. JÖRG.**

Ordentlichem Professor der Geburtshülfe an der Universität zu  
Leipzig. 1825.

**CONTRIBUTIONS TO A FUTURE MATERIA MEDICA, FROM  
EXPERIMENTS WITH MEDICINES ON PERSONS IN  
HEALTH, OBTAINED AND COLLECTED BY DR. JOHN C.  
G. JÖRG.**

Ordinary Professor of Midwifery at the University of Leipzig.

This work of Professor Jörg's has been much praised by writers on therapeutics in Germany, France and England. And he is now looked on as one of the highest authorities upon the subject of which he treats. In conceding to him the merit of a very diligent and faithful experimenter, it should not be forgotten that his experiments were made after those of Hahnemann, and therefore he is not entitled to the praise of an inventor of the method, but only of a successful imitator and improver. Had there been no Hahnemann, there would assuredly have been no Jörg, and yet the latter is deemed by medical writers as worthy of the highest praise, while the name of the former, if mentioned at all, serves but as a foil to the Professor's renown.

Notwithstanding Jörg's somewhat assuming preface, the work is certainly highly meritorious, and both the method in which he experimented, and the style in which he wrote, justify the reputation for diligent investigation and accurate patient thinking which he had already acquired.

We propose first to consider the principles which Professor Jörg has laid down in his introduction, and then to give a specimen of his method of *proving* medicines, which will be found closely to resemble that recently adopted by Homœopathists. He begins by observing, "that the object of treatment is to transform diseases into healthy action." To do this, the physician must know how to produce that parti-

cular kind of action which is adapted to effect his object. This power on the part of the physician implies two things ; first, a knowledge of what the action necessary to restore health is, and secondly, how that action is to be induced. This may be accomplished in two ways, either by negative or positive treatment. The withdrawal of stimuli affects the system as much as their addition. For example, palsy of one set of muscles brings into exaggerated play their antagonists, and it is the latter that produce the most manifest effect. As in palsy of the *portio dura* of one side, it is the opposite side that shows the distortion. As life consists in the action and reaction of innumerable powers, counteracting or modifying one another, the withdrawal or diminution of one of them must produce the same jar to the system as the increase of another. Hence, negative and positive stimuli are both equally positive to the system. Among the negative appliances, he includes blood-letting. He strongly recommends the negative plan, that is the withdrawal of stimuli whenever it is applicable. We may observe with regard to the so-called negative plan, that upon the Professor's own showing, it must be an extremely difficult one to manage. And for this obvious reason, we can only withdraw or lessen a natural stimulus as blood, heat, &c., or one so long used as to have become natural, and such a natural stimulus must affect the whole system, whereas a preternatural one, as a medicine, may confine its effects to one particular organ. This is a practical difficulty in the way of applying the negative method of cure upon any principle, and not merely empirically, that is ordering abstinence because abstinence has been found useful in similar cases. The negative may assist, but never should supplant the positive method of treatment. In regard to the positive, he observes :—

“ The chief instruments of healing are medicines, and the physician should be intimately acquainted with the specific operation of every substance he administers. But as the operation of a medicine depends upon two conditions, first, its own qualities, and secondly, the susceptibility of the part it acts upon ; unless the latter be constant, we never can have a constant result. Now in disease, the susceptibility never is constant, it is either too acute or too obtuse, and therefore our knowledge of the

action of medicines, as derived from their administration to the sick, must always be deceptive and ought not to be relied on.

"If physiology have taught us the natural state of the parts, and pathology the morbid, then we can estimate the amount of the aberration in any given case from the line of health, and if we have ascertained the specific action of drugs, we can administer those which produce an effect which will counteract this aberration. \* \*

"The necessity of a thorough knowledge of the effects of a medicine is quite essential to our administering it successfully; we must know what are its primary and what are its secondary effects: this so important distinction has been greatly overlooked by practitioners. Hitherto, from our imperfect knowledge, we have not been able to avoid the mischievous attendant and after-consequence of treatment. *This impotence stamps our art with the greatest uncertainty, as every one must know; and if here and there a minute and patient observer acquires through long exercise of his profession, a deeper insight into the art of administering certain medicines, yet such an one will readily confess that he found his knowledge acquired with extreme difficulty, because he started from the wrong end.*" (p. 34.)

This observation stands in striking contrast to the self-gratulatory tone assumed by reviewers, who exclaim that the medical profession must eagerly adopt all improvements. Here is a way admitted by all writers on therapeutics to be that best adapted to improve their science—how many have followed it? In this country not one.

"The property of medicines," observes Jörg, "to derange the sensations of persons in health or really to make them ill, is the very property which makes them subservient to cure. The proposition that the morbid power of medicine is converted by the hand of the skilful physician into a curative virtue has been long acknowledged but little regarded, and hence the art has not derived from it the practical advantage it was fitted to afford." (p. 10, 11.)

Then follow numerous examples, which are too familiar to our readers to require quotation. The admission is most important, as it is one of the fundamental principles of Hahnemann, and one without which it would be neither possible to ascertain the curative effects of medicines, or the cases to which they were applicable. We are now approaching the only ground of controversy between ourselves and the Professor. He agrees with us as to the necessity of proving medicines on the healthy, and for the same reasons, first, because experiments on the sick are too fallacious to be

of great value; and secondly, because medicines cure, by virtue of their power to create disease; that is, that the curative and the morbid powers of a substance are the same, the difference lying in its application alone. We shall shortly come to the point of divergence which is the principle which ought to regulate our administration of medicine, but before doing so let us attend to his practical observations upon "the dose."

After we have ascertained the action of a medicine, so as to know the cases to which it is applicable, the next thing is to determine the dose. On this subject we have the following observations.

"The physician ought to administer medicines in such quantities as ensure only their primary effect on the body in all cases in which it is sufficient for the restoration of health that the mildest operation of the medicine be maintained. In the state of increased sensibility of the intestines and of the whole system, a third or a fourth part of the dose has the same effect as a full dose would have on a person in full health. But when there is little increase in the susceptibility, we may begin with the smallest dose which affected a person in health of a sensitive frame. In cases, however, in which the susceptibility is abnormally diminished, we must administer a medicine in the dose required to affect a healthy person, little susceptible of its action. But the more a physician is in a position to administer in the less dangerous diseases medicines only in such doses as produce their primary and smallest effect, the more rapidly and certainly will he effect a cure, supposing that all the other conditions be attended to; for the smaller and smallest, yet effective doses of medicines exhibit their essentially curative powers with most purity and most certainty, and secure us best against any secondary or concomitant medicinal effects. To remove our patient's disease, and restore him in the mildest way to health, it is not enough that we administer the smallest possible, yet effective doses of a drug, we must also repeat the dose at the proper interval. If the patient take a dose too often, he can be as much injured by it as by too large a dose. Most of the powerful medicines are at present, however, taken at far too short intervals, and the recovery of the patient thereby greatly retarded, if not altogether prevented, by his becoming affected with medicinal disease in too great an extent. \* \* \* \* \*

"I should conclude, from my own experiments, that different medicines ought to be given at very different intervals; some should be given every two, three or four days, others every day or every twelve hours, or even oftener, if they are to produce their greatest effect." (p. 9.)

Our author next considers the different methods according to which medicines may be administered. The first of these, and according to him, by far the best, is when we can get a medicine which directly opposes the diseases, that is one which produces an action by which the disease is arrested. The other is the derivative plan, or that by counter irritation. Upon this method, he makes this very important observation, that the more deeply any organ is affected with disease, the more does it, as it were, monopolize the sensibility of the system, and therefore the more difficult is it to excite the requisite counteraction, *e. g.* calomel operates with greater difficulty on the intestinal canal when inflammation of the brain is present. This obvious conclusion has been very much overlooked, and strange to say, in the very cases where a direct antagonism of the disease is most required, *i. e.* in urgent acute diseases; in these very cases is it that the indirect, negative, and difficult methods of counter irritation and blood-letting are deemed most imperatively necessary. The third and last relation of the medicine to the disease is when the symptoms of the two are similar: of this he says—

“On the other hand, medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal arnica will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have in very small doses given rise to pains and loose stools when administered in an inflammatory state of the intestines. \* \* Yet why,” he exclaims, “should I occupy time by adducing more examples of a similar operation of medicines, since it is in the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing.” (p. 16.)

One would naturally suppose, with the philosophical Professor, that it were indeed a waste of time insisting upon so self-evident a proposition; and yet, if the profession generally had considered this statement, it would have silenced the most common of all objections, that homœopathic medicines must be able, in the doses administered to the sick, to produce some effect upon the healthy. To an

experimental and thoughtful observer like Jörg, it is clear as noonday that medicines applied according to the formula of *similia similibus curantur* must operate with immensely greater intensity than when administered on any other principle. How then would he blush for the ignorance of those of his brethren who scouted homœopathy, not because its fundamental principle was false, but because the doses administered were too small; and how sarcastically would he smile at the unaccountable infatuation of others who adopted the homœopathic method, but gave medicines in allopathic doses! According to Jörg's showing, medicines given on the derivative principle must be given in large doses; when given on the principle of *contraria*, that is as specific contraries in very small doses repeated at long intervals; but when given on the principle of *similia*, that is, when specifically corresponding to the disease in exceedingly minute doses. It is just as irrational to expect benefit from a large dose of a medicine selected according to the homœopathic formula, as it is to expect that a grain of epsom salts dissolved in the lake of Geneva should act as a purgative.

It is but fair to observe, that Jörg discountenances entirely the administration of medicine upon the homœopathic principle; he insists that we want a true contrary to the diseased action, and that we must get a medicine which produces this contrary effect. Now we may admit the proposition, as he states it, that what we want is a true antagonist or contrary to the diseased action, that is, as it were, the ultimate desideratum, that the question immediately arises, how are we to obtain this antagonist? If the hand be cold, how are we to warm it? Professor Jörg's answer would be "by the application of heat." We are agreed as to the antagonistic action necessary to restore the part to its normal state: wherein then do we differ? We differ as to the most eligible mode of applying this antagonist; for while trusting to the power of reaction in the system, we should apply cold water to a cold part, that the secondary and more permanent effect produced by this might antagonise the morbid action, Professor Jörg would apply warm water, the primary action of which antagonises the unnatural state of the part. Which

of these two methods is the better must be determined by experiment alone ; but it is evident that both are perfectly rational, the one effecting indirectly what the other effects directly.

(*To be continued.*)

*Österreichische Zeitschrift für Homœopathie.* Herausgegeben von Dr. W. FLEISCHMANN, Dr. CLEMENS HAMPE, Dr. PH. ANT. WATZKE, and Dr. FRANZ WURM. Erster Band, Erstes Heft. Vienna, 1844. Braumüller und Seidel.

*Austrian Journal of Homœopathy.* Edited by Dr. W. FLEISCHMANN, Dr. CLEMENS HAMPE, Dr. PH. ANT. WATZKE, and Dr. FRANZ WURM. 1st. vol., 1st. number. Vienna, 1844: Braumüller and Seidel.

If this work has been so long delayed as to suggest the doubt of its appearance at all, it requires only a glance at its contents to convince the reader that the delay could not have arisen from the indolence of the Editors ; but from an anxious wish on their part to make it as perfect as possible, and perhaps it may also be owing to the political difficulties which stand in the way of any such publication in Austria.

The plan and execution of the work indicate a great change in the position of Homœopathy. They show that in Austria, at least, it has passed out of the hands of dilettanti, and that there must be a great number of students (in the true sense of the word) who will not be deterred from the perusal of a Journal of such a sternly scientific character as to have rejected all those ordinary aids to popularity which most periodicals find indispensable.

The only attraction this work holds out is its utility ; nor is the good which lies in it to be obtained by a hasty perusal, such as suffices for most Journals ; this one must be studied with much care and patience ; but it gives an ample reward. Here is nothing to allure the loiterer. No strange and startling cases—no smart reviews—no pleasant gossips about men and things ; it is all hard and earnest work ; searching criticism of former provings of medicine ; microscopic investigations into the effect of trituration ; and a summary of the results obtained at the Vienna Hospital ; with a detail of a few cases treated with remarkable simplicity, and several of them fatal. That such a Journal should be acceptable in Austria indicates that Homœopathy has struck deep root into the scientific medical world there ; that it has passed through the stage of uncertain popular diffusion into that of steady scientific concentration and progress. We do not, indeed, see the necessity of adopting so

severe a form, and of not affording more intelligence about the general state of Homœopathy in Austria, and notices of the works that are published there. However, these are to be found in other Journals, and we shall not quarrel with this one for devoting itself to the pure science of Homœopathy when there are so many that tell us about its external relations.

There is another most important sign about this new publication, and that is a manifest endeavour to work out of the trammels of sectarianism as much as possible. The Editors seem to feel (as all men imbued with a true love of science and truth must) that so long as Homœopathy is under a ban, however unjust, it never can advance so rapidly as it ought; that the warmth of partisanship and the irritation of controversy are ill adapted to the prosecution of a study, which more than all others requires patience and equanimity.

That our present estrangement from the old school is temporary, there can be no doubt; it is impossible for that not to take advantage of the purely scientific information which Homœopathic works afford as it is information on the very subject they desire to know, and have no means of learning. And we cannot doubt but that this acquaintance with our pharmacodynamic labours will lead to the knowledge and the adoption of our therapeutics.

One of the most important objects of this work, if not the most important, is to institute a re-proving and revision of Hahnemann's *Materia Medica*.

We fully agree with Dr. Watzke in the necessity of a revision of Hahnemann's provings, and admit the justice of his criticism and reasons contained in his paper which was given in a former number of this Journal.

To supply the deficiency of the original provings, the editors of the *Austrian Journal* propose to give in each Number a revised proving of one of the medicines contained in Hahnemann's *Materia Medica*. The first medicine chosen, by Dr. Watzke, is *Colocynth*, and the mode followed, we presume, may be taken as a model of future provings. Upon this we think it right to offer a few remarks. Dr. W. objects entirely to the use of the plan or *schema* on which Hahnemann has arranged his provings. In this we cannot agree with him. We admit that the plan does not give so completely as ought to be done, the beginning, development, course and termination of the medicinal disease, all which are necessary for obtaining a correct notion of its physiological nature. We admit, also, that such a plan would be a very unscientific and useless mode, if applied to the description of natural diseases; and theoretically it might be supposed that in the description of artificial diseases, the mode of treating of natural diseases should be followed as closely as possible. But it must be recollected that the sources from which our provings are derived differ so widely from natural disease, that to follow such a mode is in general impracticable. For the great majority of observations on indi-



vidual provers have seldom that extent and intensity, which could enable them to be compared to natural disease. They have no regular and fixed development, course, and termination, and seldom afford distinct pathological phenomena; they are, in fact, in the majority of cases mere fragments, containing numerous isolated symptoms, which have no value at all till collected and compared with one another. And even if we could so construct a *materia medica*, it would still be almost useless from its unwieldy form; and therefore we do not think that arrangement which Watzke has followed, which is simply writing down the observations of each prover, one after another, without any analysis or comparison, is at all likely to supersede the plan of Hahnemann.

On the whole, we think that, the plan which has been followed in most recent provings is still the best, viz.: first, to give in detail the experiments of each prover, or at any rate the chief ones, and then arrange them into a well digested plan or schema; the making of which should not simply consist of all the symptoms merely cut out of their connection and placed isolated in a certain anatomical order—that is a mere abuse of the schema of Hahnemann—on the contrary, it should consist as much as possible of groups of symptoms, which should never be torn from their natural connection, and should never be given isolated (unless they occurred so, or as a generic character) merely arranged in a certain anatomical order for the convenience of reference.

We give an analysis of *colocynth* in this number.

The Journal is altogether got up with great taste; and is much better printed, and on better paper than is usual with German periodicals. Nor is the price at all extravagant for the amount of matter. It has our best wishes.

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DOMESTIC HOMŒOPATHY; OR, RULES FOR THE DOMESTIC  
TREATMENT OF THE MALADIES OF INFANTS, CHILDREN,  
AND ADULTS; AND FOR THE CONDUCT AND THE  
TREATMENT DURING PREGNANCY, CONFINEMENT, AND  
SUCKLING.

BY JOHN EPPS, M.D. *Fourth Edition.*

The popular diffusion of homœopathic practice has so greatly outstript the number of professional homœopathic practitioners, that there has arisen a necessity for practical treatises to enable those whose sole confidence in illness is in this system to administer medicines to themselves or their families. It is this imperious necessity for some written rules and directions that has created so eager a demand for works on domestic homœopathic medicine, that almost any thing bearing such a title is sure of an

extensive sale. And we cannot contemplate the encouragement which all books of this class receive without considerable apprehension that the rapidity of the sale may be construed by the authors of the works into an evidence of their excellence, and thus lead to a most dangerous negligence in their compilation. This eager demand for the ware will most assuredly lead to an abundant manufacture, and not until the market is overstocked will the voice of impartial criticism be attentively heard. We think it right, however, to call the attention of those engaged in such compilations to the importance of their duties, and to some obvious principles which should be kept in view when they are at work.

To a person who has spent many years in acquiring a knowledge of diseases, and of the remedies appropriate to each individual case, and whose whole time is occupied in testing the accuracy of his knowledge by trial upon the sick, the task of explaining to one who knows nothing of disease, and as little of the operation of remedies, how these are to be employed in the endless variety of complaints to which he or his family may be subject, must seem so difficult as, if not altogether to deter him from undertaking it, at least to impress upon him the necessity of an amount of caution and labour required in an equal degree in no other species of composition. He would feel that he was assuming the position of an oracle to those who had no means of submitting his sentences to any other test than the confiding of their health and life to the sufficiency of his directions; he would feel from personal experience of his own frequent embarrassment while trying to ascertain the proper remedy, even with all the advantages of habit, and the calmness which habit produces, and the consciousness of knowing exactly the disease he was combating: how great and frequent must be the perplexity of a person who did not know the nature, the course, or the danger of the malady he was treating; and who, moreover, had to prescribe not with the self-possession of a professional duty, but in the anxiety attending domestic sickness. He would feel that to lay down vague directions for such an one was an act of

the greatest cruelty—for at no time could a person be supposed to be less inclined to sift the meaning of an obscure passage, than when himself or his child were exposed to a rapidly advancing disease, for the arrest of which a right understanding of the passage was absolutely necessary.

The first thing then for a writer of a domestic work in medicine to strive after is, perfect simplicity, simplicity in conception, simplicity in arrangement, simplicity in style and simplicity in language. Let him, above all, avoid a display of book-knowledge. Let his writing be exactly what his spoken directions would have been. If with the prerequisite of a clear style of thinking and writing, and such an intimate acquaintance with his subject as enables him to translate the conventional language of the profession into the vernacular tongue, he is successful in the choice of the topics to be treated of, he can hardly fail to produce a most useful work.

Now we must allow that this little work before us possesses many of these merits in a high degree:—the arrangement is good, the directions for administering the medicine are clear, and the language is sufficiently intelligible. We regret, however, that we are compelled to add, that there is a blemish, which pervades the treatise of so serious a character as almost entirely to debar it from being recommended as a household companion. When a professional writer is obliged to treat of topics of a peculiarly delicate nature, if he feel how easily he may injure or annoy those he has undertaken to instruct, while he avoids the affectation of prudish reservation, he will endeavour to be as concise and matter-of-fact as possible; and if an author instead of adopting a certain becoming austerity of style descends to a tone of vulgar jocularity, when writing on the points where delicacy would forbid even familiarity, and illustrates by filthy images what requires no illustration at all, the works of such a writer, although in other respects they were faultless, would for ever remain an offence to all persons of education and purity.

Were it possible to remove all the stains of the nature we have indicated, which, however, dye the whole texture

of this work, we might then enter into a minuter criticism of its faults and merits, and we should have to point out some medical errors, as well as to reprobate the obtrusiveness with which the claims of another member of his family, as well as of his own numerous publications, the titles of many of which (of their contents we confess ourselves wholly ignorant) are so very questionable, are thrust upon the attention of the impatient reader.

It is however useless to enter any further upon the subject, for assuredly were the author to receive such a new sense as to correct all the passages which are blemished by coarseness, he would hasten to expunge the lesser pollutions of unprofessional puffing, which would then appear as blots upon the purified ground work of the piece; whereas at present they are but too much in harmony with its dingy colour to be very conspicuous.

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## **MEDICAL INTELLIGENCE.**

### **DEATH OF DR. ABERCROMBIE.**

Most of our readers, in this country at least, will have heard before this notice falls in their way of the death of Dr. Abercrombie; and none of them can have received the intelligence without having felt that the profession has been deprived of a physician who was entitled to the esteem of his brethren, and of the public. It appears that he had, since his recovery from a threatened attack of apoplexy three years ago, enjoyed excellent health; and had engaged with his accustomed regularity and industry, in the duties of his profession up to the day of his death. That event happened suddenly on the forenoon of the 14th of November in the 63rd year of his age; the cause of dissolution having been the rupture of the left coronary vein consequent probably on what Cruveilhier terms apoplexy of the heart. The pericardium was found, on examination two days after the fatal occurrence, filled with a mass of coagulated blood, and on the exterior of the left ventricle, in the course of the principal blood vessels of the organ, a small slit, or rupture marked the point from which the hæmorrhage had proceeded. The muscular fibres of the left ventricle, in the immediate vicinity of the aperture in the vein, were softened and discoloured by ecchymotic infiltration, and to a small extent partook in the lesion of continuity, having been ruptured along with the vessel. The arteries of the heart were found to be dilated, and their coats exhibited not a little steatomatous

degeneration—a change which affected also the aorta, the basiliary artery of the brain, the internal carotids after their entrance into the cranium, and the several branches which compose the circle of Willis. The heart, as is usual in persons advanced in life, was somewhat enlarged, and the brain, healthy in every respect, was found of the uncommon weight of sixty-three ounces. As no symptoms of diseased heart had ever been known to have occurred, death from that cause had not been anticipated, and it was the general impression, before the examination of the body, that the fatal event was due to cerebral hæmorrhage, an accident for which many were prepared by the previous illness to which we have referred.

Dr. Abercrombie contributed, in the earlier part of his career, several articles on a variety of topics to the *Edinburgh Medical and Surgical Journal*, but is known chiefly by his monographs on *Diseases of the Brain and Spinal Cord*, on *Diseases of the Stomach, Intestinal Canal, Liver and other Viscera of the Abdomen*; on the *Intellectual Powers*, and on the *Moral Feelings*. He was, besides, the author of several short treatises on religious subjects. The last of these compositions formed his principal literary occupation in the latter years of his life. Of them we may remark that they display genuine devotional feeling, and reflect honour on his memory as evidences of that rectitude of purpose, and soundness of judgment, which were the characteristics of his mind.

In endeavouring to form an estimate of his rank as a philosopher, and of his services as a contributor to the science of medicine, we lay aside the impressions we may have received from our personal intercourse with him, and from the opinions which have been expressed of both by those who have been guided in their judgment rather by their respect for the man, than by an acquaintance with his works, and seek the grounds of our decision only in those fruits of his labours on which his reputation must permanently rest.

An attentive study of these has led us to the conclusion that Dr. Abercrombie is far less to be esteemed for what he has done, than for what he has not attempted to do; for nothing is more characteristic of his writings than a studied avoidance of speculation on all that relates to the unseen or obscure, a merit of a high order at all times, and worthy of admiration especially in days so much distinguished as these by a bigoted adherence to cobwebbed fooleries as the precepts of practice, and a morbid propensity to dogmatize. What is strictly medical in his works is limited, almost entirely, to the mere details of observation; what is properly philosophical is remarkable for many warnings against the dangers of hypothesis, and more or less explicit condemnations of the common doctrines of pathology, by which the ordinary practitioners of the day are at once bewitched and misled. In awarding no higher praise to his medical writings, in so far as they contain what is proper to himself as a contributor to the science, than what is due to industry and accuracy of observation, we do not conceive ourselves to be actuated

by a niggardly, or captious spirit ; and we are very sure that it is just the sort of commendation which he sought for himself, and had esteemed the highest to which the researches of the pathologist, and practical physician, should have hitherto aspired. In the prefaces to his works on the Brain and on the Stomach, and in that part of his treatise on the Intellectual Powers, entitled "Application of the rules of Philosophical investigation to Medical Science," there are a frankness and cordiality in the expression of his disrelish, and disrespect, for the medical hypothesis of these, as well as of other days, so many appeals to observation, and so much said of the importance, and the want of facts, both in pathology and practice of medicine, that we must suppose him to have limited his medical authorship to the detail of particulars by a preference as deliberate as it was wise. If the choice have confined him to that subordinate rank in science which is proper to the mere collector of details, and in which there are many, especially in France, whose names have not been so much esteemed by their contemporaries, but whose labours will not be less valued by posterity, it has saved him the misfortune of having his name enrolled among the number of those who, in every age, have found it easier to speculate than to study nature, and have mistaken their own fancies for the elements and the laws of truth. The time has not yet arrived for any man to render himself illustrious by the exposition of great general principles in Pathology. In that field of science there is yet no scope for genius, and no safe ground for synthetical exercises ; and there are no honours to be gathered but those which may be won by the homely virtues of industry and faithfulness.

The opportunities which Dr. Abercrombie enjoyed, of collecting numerous and important examples of disease were greater than fall to the lot of many ; an accident of his situation which at once procured for his works the respect which is readily yielded to the performances of one who is perceived to occupy an eminent place, at the same time that their unusual character, unusual, at least, in this country, as registers of well observed and instructive cases, appeared to point out a new way of rendering the experience of individuals useful to the professional public. The example has not been much followed among his countrymen, so that his two monographs remain to this day unrivalled, in Great Britain, as monuments of professional activity. That on the Brain and Spinal Cord is undoubtedly the best of his professional productions, and can hardly be too highly esteemed, considering the time at which it appeared, for the only qualities to which it lays claim—a faithful record of particular cases—a good selection of them—and the absence of hypothetical speculations. The more minute investigations of later and future pathologists, with the aid of the microscope, may lessen the value of his labours by rendering it probable, if not certain, that some of the effects of diseased action on the substance of the brain, too obscure to be readily determined by the unassisted eye, may have been overlooked and

that, therefore, the pathological history of the cases may be imperfect in some important particulars. The chemistry of the blood and serous secretions, along with Dr. Bright's important discoveries in connexion with that disorder of the kidneys which is known by his name, has already thrown considerable suspicion on one division of Dr. Abercrombie's cases of apoplexy—what he terms simple apoplexy; and these, together with Dr. Sims' researches on the amount of serum contained in the ventricles of the brain, independently of disease in that part of the body have had a similar effect on the division which follows—apoplexy with serous effusion. Yet, let their future importance be what it may, it must always be admitted that Dr. Abercrombie's contributions to the pathology of the brain were greatly in advance of what had been known down to the time of their publication. His more cautious temper and accurate observation guarded him against some of the hasty generalizations into which others had fallen who had written upon these subjects about the same time with himself—for example, he expressly denied the tonic contraction of one or more limbs being a distinguishing symptom of ramollissement as had been stated by some of the French writers; and incidentally introduces an instance of effusion of blood into the substance of the brain unattended by paralysis, an event directly at variance with the doctrine of Serres, who had made the supposed universality of the contrary, a ground for his division of apoplexies into Cerebral and Meningeal. We cannot, of course, specify all the occasional remarks of great practical—by which, we mean, particularly, *diagnostic*—value that are scattered through the treatise; and it can hardly be necessary for us to advise our readers to acquire a thorough acquaintance with the work, as the best introduction they can procure to the study of some of the most formidable diseases of the encephalon.

The treatise on the stomach, and other abdominal viscera, has merits of the same kind as that on the brain; contains a great many curious and important details connected with morbid anatomy in particular; has the same healthy independence of the common hypothesis, and the same reluctance to indulge the imagination. The pathology of a certain form of Ileus, and a notice of what he termed Erysipelatous Peritonitis are almost the only articles in the volume which can be said to contain suggestions other than those which arise almost necessarily from the cases to which his remarks are annexed. These cases are valuable in the extreme, and should be known to every practical physician of whatever sect.

We have said enough of these professional publications to signify the high estimation in which we hold them, and yet we repeat that we have formed a much higher opinion of their Author on the grounds of his philosophical forbearance and sagacious scepticism, than on any additions which he has made to the sum of medical knowledge. With temptations innumerable, in the course of researches that embraced a wide and varied compass of disease, to indulge in conjectures that might impart a sem-

blance of connexion to otherwise isolated facts, and give the customary completeness of theory to the dynamic and material alterations which obtruded themselves on his notice; the reserve which he displays in the adoption of even those modes of expression, which would seem to be almost the natural language of composition on medical subjects when they were calculated to suggest hypothetical opinions, is worthy of special commendation; and proves that he has been guided as a physician by those precepts concerning the Investigation of Truth, which he has applied with so much point and ability in the part of his treatise on The Intellectual Powers which refers to medical science. In that important division of the work, several paragraphs so happily coincide with the views of Hahnemann on pathological opinions, that we make no apology for extracting them, and are satisfied that we only anticipate the opinion of our readers, in expressing our conviction that the mind of Dr. Abercrombie was well prepared for perceiving the value of a scheme of practice which places the physician in a great measure beyond the sphere of those perplexities and errors, which he laments as incident to the only system which he had studied.

“ Since medicine was first cultivated as a science, a leading object of attention has ever been to ascertain the characters or symptoms by which particular internal diseases are indicated, and from which they are distinguished from other diseases which resemble them. But, with the accumulated experience of ages bearing upon this important subject, our extended observation has only served to convince us how deficient we are in this department, and how often, even in the first step of our progress, we are left to conjecture. A writer of high eminence has even hazarded the assertion, that those persons are most confident in regard to the character of disease whose knowledge is most limited, and that more extended observation generally leads to doubt,” p. 389. In reference to nosology, he observes, “ The error to be chiefly avoided, is a fondness for system; and I must state my suspicion, that in this respect, a real nosology has been unfavourable to the progress of medicine. The nosologist proceeds upon the principles, that the characters of disease are, to a certain extent, fixed and determined, like the botanical characters of a plant, or the chemical qualities of a mineral. Hence, it too frequently happens, that individual cases are compared with the system, instead of being corrected by farther observation,” p. 407. These words and the following might have dropped from the pen of Hahnemann— “ In every department of science, it is a step of the utmost delicacy to assign to two events this relation (of cause, and effect); and manifold errors arise from assigning it on inadequate grounds—that is, on an insufficient number of observations. In medical science, we have farther to contend with peculiar difficulties and sources of error. These have been already mentioned, as referable to two classes, namely, the difficulty of tracing effects to their true causes, and causes to their true effects; and



the manner in which the real tendencies of antecedents or causes are modified or counteracted by a new series of causes, which elude our observation. From these peculiarities it often happens, that the true antecedent of important events are of an obscure and hidden nature; while the apparent relations would lead us to associate them with antecedents more immediately under our view, but whose connexion with the results is entirely incidental. Other obstacles arise from difficulty in ascertaining the facts themselves, and in tracing the order of the sequences; as, in doing so, we are often obliged to trust to obscure indications of actions, which are going on in internal parts, and which are themselves liable to much uncertainty. Thus, a complicated source of difficulty pervades the whole subject of medical causation, and makes it one of the most delicate topics that can engage the attention of the philosophical enquirer," p. 410.

Still more in the spirit of Hahnemann, if possible, is the following—

"Every one who is acquainted with the history of medical doctrines will probably admit that medicine is still deeply tinged with the philosophy of causes; in other words, that there is a remarkable tendency to refer phenomena to certain obscure principles, which cannot be shown to be facts, and consequently cannot be considered as the objects of legitimate inquiry. It is unnecessary in this place to refer more particularly to fictitious and hypothetical principles of this description, which, one after another, have held a prominent place in medical science. If the rules of the inductive philosophy are to be applied to medicine, the immediate effect of them must be to banish all such speculations as contrary to the first rules of sound investigation. They are entirely fictitious principles, framed to correspond with the phenomena instead of being deduced from them," p. 428. And after alluding to some old hypothesis, "But, perhaps, those of more recent date can scarcely be considered as more satisfactory. It may certainly, at least, be a question, whether we can concede the character of facts to irregular excitement of the nervous system, hepatic derangement, as that term is very commonly employed, and the numerous modifications under which we meet with the doctrines of determination, irritation, congestion, sympathy and spasm." p. 430.

Such are a few of the sagacious observations of one of the most eminent practical physicians of our day; observations which will do more to exalt him, in future times, to the rank of a philosopher, than any thing that he could have achieved, if he had sought distinction in the same path with Hoffmann, and Boerhave, and Cullen, and endowed with their united gifts.

It was not by this philosophical spirit, however, that he gained his eminence among his brethren, for most of whom he seems to have exerted it in vain. What procured him their confidence and esteem, apart from his moral worth, which was of the highest order, were the simplicity of his practice, his caution, and the general accuracy of his

discernment. These he had been assisted to acquire by a long and watchful study of disease in the most favourable circumstances—but they would not have distinguished him so much, but for natural faculties, both observant and reflective, far above the ordinary level.

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### **HOMŒOPATHY IN SOUTH AMERICA.**

We extract the following from a Brazilian newspaper—

“The Municipal Chamber of the imperial city of Netherohy having condescended to yield to the Brazilian Homœopathic Institution a room in the palace, where they hold their sessions, in which consultations are afforded to the poor; the directors of the said institution, thus pledged by this act of pure philanthropy, have the pleasure to announce that from this time forward advice and medicine will be gratuitously given in the said room of the municipal chamber every Tuesday and Friday from four to six in the afternoon.

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### **HOMŒOPATHY IN VIENNA.**

We are glad to learn that the state of Homœopathy at Vienna is highly satisfactory; the new journal has been well received and has excited much interest amongst the profession. The next number is already in the press, and contains a re-proving of Aconite by Dr. Gerstel.

Several highly educated and intelligent English physicians are at present studying Homœopathy at the Hospital of the Sisters of Charity, and appeared greatly interested in watching the results of the treatment of acute disease pursued by Dr. Fleischmann.

We have every reason to believe that the chair of Homœopathy so long talked of, is very soon to be instituted.

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### **MISCELLANEOUS.**

#### *Suicide by Strichnia; by DR. SCHEIBLE of KORK.*

An apothecary, who from the decline of his trade, had been for some time much depressed, was missed one morning at breakfast time, and found in a state of convulsions. During the presence of Dr. Scheible, one of these fits lasted several minutes, the body was thrown out of the bed by the simultaneous contraction of the extremities; the face was swollen and purple; the eyes fixed and looking upwards; the respiration but little affected; the pulse full small and intermittent; and the surface of the body covered with a cold sweat. A vomit was given without ef-

fect and as the by-standers supposed from his answers that he had taken arsenic, the oxide of iron was administered, but without doing any good. After various attempts to swallow, spasmodic action of the gullet prevented the passage of both liquids and solids. During the brief intervals between the attacks, the patient lay perfectly quiet, snoring and insensible: after six severe attacks within half an hour, he died. The *Sectio* showed the *dura mater* to be firmly united to the skull on one side, and the vessels of the membrane tinged with black and fluid blood, the *arachnoid* and *pia mater* firmly united and of a dark blue colour from the quantity of blood contained in their vessels; the ventricles full of serum. To the left of the *sella tursica*, there was an osseous growth half an inch in length. The *Medulla oblongata* was of a clear red sprinkled with vermillion. The lungs normal; the stomach distended with air, and its vessels full of dark blood; the mucous membranes of stomach and bowels like leather. Strichnia was found in the stomach.—*Annalen der Staats-Arzneikunde*, herausgegeben von Schneider, Schürmeyer und Hergt, 1843. 1 Heft. Also *Oestr. Med. Wochenschrift*, 1844. No. 30.

*Poisoning by the Narcissus Poeticus; by DR. PFAU of LEM-BERG.*

A. F., a Jew of 70 years of age was employed in Dr. Pfau's house, where some *Narcissus* roots were brought thither; after the Jew left the house four large bulbs were missed. It seems that he had mistaken them for a species of leek, which is reckoned a delicacy by the Jews of that part, and dressed them with a dish of common leeks, and with the assistance of his wife, who was of the same age as he, had devoured them with the greatest relish. Scarcely had a quarter of an hour elapsed when they both became affected with nausea, constant tormina, burning pain in the stomach, obtuseness of the senses, fainting, cold sweat, and trembling of the limbs. On the administration of warm water, the woman vomited morsels of indigested *Narcissus* root; she was relieved by repeated vomiting and also by the copious watery alvine evacuations which followed, attended by dreadful griping and cutting pain in the bowels. The man who had eaten more was attacked with all these symptoms with much more severity, the constant tormina remained, notwithstanding that he took much warm water, and even after emesis had been effected by emetics, he suffered from fainting, trembling, cold limbs, and a small and irregular pulse for the whole night. On the second day, the symptoms of Gastroenteritis made their appearance, which were subdued by active antiphlogistic treatment. "*Worauf,*" concludes the narrator "*er durch Reue wahrscheinlich moralisch gebessert, sich bis zum Ausgange der dritten Woche auch physisch vollkommen erholtte.*"

*Oestr. Med. Wochenschrift*, 1844. No. 30

*On the employment of Arsenic in Ascites.* By DR. DEBAVAY.

The case in which D. employed arsenic occurred as a consequence of puerperal peritonitis in a woman of 38 years of age of a good constitution. The ascites had lasted for 15 months and had withstood all kinds of treatment. The first dose was the 1-20th of a grain morning and evening, which produced colic and diarrhæa. The medicine was continued in various doses. At the end of six weeks there was most decided diminution in the collection of serum in the abdomen, and after six months treatment, the ascites had entirely disappeared. Three years have passed since in the enjoyment of perfect health by the patient.—*Gazette Medicale*, 1844, No. 10.

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*Two cases of Poisoning with Cantharides.* By DR. CANELLA.

A priest and a sexton swallowed half an ounce of tincture of Cantharides by mistake. The former, who had drunk the more, was attacked with nausea vomiting, pyrosis, dysuria, hæmaturia, violent pain in the abdomen, diarrhæa and burning in the anus. Eight hours after the poison was taken, there was painful priapism and much fever. By the employment of camphor, leeches, &c., the priest was restored in ten days. The sexton was attacked with pain in the stomach, ischuria, but no priapism; seven hours after having taken the poison violent glossopharyngitis developed itself, attended with constrictive pain in the gullet, inability to speak, and urgent danger of suffocation. This patient also recovered under the use of antiphlogistic means.—*Gazetta Medica di Milano*, 1844, No. 5.

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*On the use of Thlapsi Bursa Pastoris in Metrorrhagia.* By DR. LANGE.

Dr. Lange has observed the greatest benefit to follow the administration of a decoction of the whole of this plant in cases of passive Hæmorrhage generally, and especially in too frequent and too copious menstruation, when this occurs in persons of a relaxed constitution. After it had been given during two or three menstrual periods, it entirely cured the disposition to excessive discharge in subsequent ones.—*Medicin. Zeitung, herausgeg. von dem Vereine für Heilkunde in Preussen*, 1844, No. 2.

**BOOKS RECEIVED.**

Homœopathy, as applied in practice in the case of a patient bed-ridden for thirteen years, restored to active usefulness. By John Epps, M.D. Printed for private circulation. London, 1844.

The Homœopathic Examiner, Vol. III. Nos. XI. XII.

A Treatise on Pathological Anatomy. By Carl Rokitansky, M.D., &c. &c. Part I. Translated from the German with additions, in diagnosis from Schönlein, Skoda and others, by Dr. John C. Peters.

Ruoff's Repertory of Homœopathic Medicine, Nosologically arranged. Translated from the German, by A. Howard Okie, M.D. Translator of "Hartmann's Remedies," with additions and improvements, by Gideon Humphrey. Raddé, New York

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**NOTICE TO CORRESPONDENTS.**

We have received a letter signed M. D. but unless we are informed of the writer's name, it is impossible to pay any attention to it.

As after this, the Journal will appear every two months it is particularly requested that those who send communications will have them ready six weeks before the publication of the number in which they are to appear, otherwise it is impossible to complete the Journal in such time as to secure its punctuality and correctness.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMANN.

Continued from p. 9.

How does it happen that, in the three thousand five hundred years since Æsculapius lived, this so indispensable art of Medicine has made so little progress? What was the obstacle? for what the physicians have already done is not one hundredth part of what they might and ought to have done:

All nations, even remotely approaching a state of civilization, perceived, from the first, the necessity and inestimable value of this art; they required its practice from a caste who called themselves physicians. These affected, in almost all ages, when they came in contact with the sick, to be in perfect possession of this art; but among themselves they sought to gloze over the gaps and inconsistencies of their knowledge by heaping system upon system, each made up of the diversified materials of conjectures, opinions, definitions, postulates, and predicates, linked together by scholastic syllogisms, that enabled each leader of a sect to boast himself of something. There did he build a temple for his idol—a temple worthy of it—in which the inquirer would be answered

by an oracle untainted, and endowed with a knowledge of healing. It was not till most recent times that an exception to this rule occurred. We were no nearer the discovery of the science of medicine than in the time of Hippocrates. This attentive acute observer, sought Nature in Nature. He saw and described the diseases before him, without addition, without colouring, without speculation. In the faculty of pure observation he has been surpassed by no physician that has followed him. Only one important part was this favoured son of nature destitute of, else had he been all-powerful in his art; the knowledge of medicines and their applications. But he did not affect such a knowledge—he acknowledged his deficiency in that he gave very few medicines (because he knew them too imperfectly), and trusted almost entirely to diet.

All succeeding ages departed and wandered more or less from the indicated path, the later sects of the empirics—worthy of all respect—and Aretæus excepted.

Sophistical whimsicalities were pressed into the service. Some sought the origin of disease in a universal hostile principle, in some poison which produced all evils, and which was to be contended with and destroyed. Hence the universal antidote which was to cure all diseases, called *theriam*, composed of an innumerable multitude of ingredients, and more lately the *methradatum*, and similar compounds, celebrated from the time of Nicander down almost to our own day. From these ancient times came the unhappy idea, that if a sufficient number of drugs were mixed in the receipt, it could scarcely fail to contain the one potent over the enemy of health—while all the time the action of each individual was little, or not at all known. And to this practice Galen, Celsus, the later Greek and Arabian physicians; and in the revival of the study of medicine in Bologna, Padua, Seville, and Paris, the schools there established, and all succeeding ones, have adhered.

In this great period of nearly two thousand years, was the pure observation of disease neglected. The wish was to be more scientific, and to discover the hidden causes of disease. These once discovered, (?) then it were an easy task to find

out a remedy. Galen devised a system for this purpose, his four *quantities* in their different degrees; and for one hundred and fifty years his system was worshipped over our whole hemisphere, as the *non plus ultra* of medical truth. But this phantom did not advance the practical art of healing by a hair's breadth; it rather retrograded.

After it had become more easy to communicate thought, to obtain a name by writing hypotheses, and when the writings of others could be more cheaply read—in a word, after the discovery of printing—the systems rapidly increased, and they have crowded one on another up to our own day. There was now the influence of the stars, now that of evil spirits and witchcraft; anon came the alchymist with his salt, sulphur, and mercury; then Silviu, with his acids, biles, and mucus; then the iatromathematicians and mechanical sect, who explained every thing by the shape of the smallest parts, their weight, pressure, friction, &c.; to these succeeded the humorists, with certain acridities of the fluids; then the tone of the fibres and the abnormal state of the nerves was insisted on by the Solidists; then, according to Reil, much was due to the internal composition and form of the most minute parts, while the chemists found a fruitful cause of disease in the development of various gases. How Brown explained disease with his theory of irritability, and how he wished to confine the whole science with a couple of assumptions, is still fresh in our recollection; to say nothing of the ludicrously lofty, gigantic commencement of the natural philosophers.

Physicians no longer tried to see diseases as they were; what they saw did not satisfy them, but they wished by *a priori* reasoning to find out an undiscoverable source of disease in regions of speculation which are not to be penetrated by terrestrial mortal. Our system-builders pleased themselves in those metaphysical heights, where it was so easy to win territory; for in the boundless region of speculation every one becomes a ruler who can most effectually transcend the senses. The superhuman aspect they derived from the erection of these stupendous castles in the air concealed their poverty in the art of healing.

“But, since the discovery of printing, the preliminary know-



ledge of the physician, especially Natural History and Natural Philosophy, and, in particular, the Anatomy of the human body, Physiology, and Botany, have manifestly increased."

True: But it is worthy of the deepest reflection how it comes that those useful sciences, which have so manifestly increased the knowledge of the physician, have contributed so little to the improvement of his art; their direct influence is most insignificant, and the time was when the abuse of these sciences obstructed the practical art.

Then the anatomist took upon him to explain the functions of the living body; and, by his knowledge of the position of internal parts, to elucidate the whole phenomena of disease. Then was this membrane or that tissue of the intestines, a continuation of the membrane or tissue of another part of the intestines; and so, according to them, was the whole mystery of metastasis unravelled to a hair. If that did not prove sufficient, they were not long in discovering some nervous filament to serve as a bridge for the transportation of a disease from one part of the body to another, and more unfruitful speculations of the same kind. After the absorbents were discovered, anatomy immediately took upon herself to instruct physicians in what way medicines permeated them, in order to get to that spot of the body where their operation was wanted; and there were many more of such material demonstrations put forward, much to the retardation of our art. The examination of a physician for a degree consisted almost solely in anatomy: this he was obliged to know off by heart, with a most pedantic precision; and if he did this, then he was prepared to practise.

Physiology, until Haller's time, looked only through the glasses of hypothetical conceits, gross mechanical explanations, and pretensions to systems, until this great man undertook the task of founding the knowledge of the phenomena of the human body upon sensible observation alone. Little has been added since his time, except so far as newly-discovered products, newly-discovered physical powers and laws, have conspired to explain the constitution of our frame. But from these, little has been incontrovertibly established.

In general, natural philosophy pressed somewhat arro-

gantly to the explanation of phenomena in the healthy and diseased body. Then were the manifest laws which, in the inorganic world, regulate the extrication, confinement, and diffusion of caloric, and the phenomena of electricity and galvanism, applied, without change and without any exception, to the explanation of vital phenomena; and there were many premature conclusions of a similar kind.

But none of the preliminary sources has assumed so arrogant a place as chemistry. It is, indeed, a fact that chemistry has explained certain appearances of the healthy as well as the diseased body, and has been a guide to the preparation of various medicines; but it is incredible how often it has usurped the right of explaining all physiological and pathological phenomena, and how much it has distinguished itself by authorizing this or that medicine. Gren, Tromsdorff, and Liphardt, may serve as warning examples of this. It is, I repeat, a matter for most serious reflection, that while these sciences (in themselves most honourable) have advanced within these last ten years to a height of perfection which seems not to be surpassed, yet, notwithstanding, they have had no marked beneficial influence on the treatment of disease. Let us consider how this has happened. Anatomy shews us the outside of every part which can be separated with the knife, the saw, or by maceration; but the deep internal changes it does not enable us to see. And when we examine the intestines, still it is only a view of the outside of any thing that we obtain; and even were we to open live animals, or, like Herophilus (of horrid memory), dissect men alive, so little could we penetrate the minute structure of parts lying remote from view, that even the most inquisitive and attentive observer would relinquish the task in dissatisfaction. Nor does he make much greater discoveries with his microscope, unless the refracting power favour him with an optical illusion. He sees only the outside of organs, he sees only their grosser substance; but into the innermost depths of their being, and into the relation of their secret processes, his mortal eye can never pierce.

By means of pure observation and unprejudiced reflection, in connection with anatomy, natural philosophy, and chemis-

try, we have arrived at very probable conclusions regarding the formation and vital phenomena of the human body (physiology), because all the phenomena in what is called a healthy body remaining constant, can be observed from different points of view, so that the supposed facts can be re-observed, compared, and corrected. But it is no less true, than striking and humbling, that this anthropological or physiological knowledge begins to prove of no use as soon as the system departs from its state of health. All explanations of morbid processes, from what we know of healthy ones, are deceitful, approaching more or less to what is untrue; at all events, positive proofs of the reality and truth of the transferred explanations are unattainable; they are from time to time refuted by the highest of all decisions—experience. Just because an explanation answers for the healthy state of the frame, it will not answer for the diseased. We may admit it or not as we please; but it is too true that, in the moment when we attempt to look through the state of the disease physiologically, there drops before our previously clear light of physiology a thick veil—a partition which prevents all vision. It is all over with our physiological skill when we have to explain the phenomena of morbid action. There is almost no part of it applicable. True, we can try to make an application of the physiological systems to pathological phenomena; but it tends to mislead into error. Chemistry should never attempt to afford an explanation of pathological changes, since it is so unsuccessful in explaining the normal vital ones. When it predicts what, according to its laws, ought to happen, then something quite different takes place; and if the vitality overmasters chemistry in the healthy body, how much more must it do so in the diseased, which is exposed to the influence of so many more forces. And just as little does it become chemistry to give a decision upon the value or worthlessness of medicines; for it is altogether out of its sphere of vision to determine what is healing or hurtful, and it possesses no principle and no standard by which the healing efficacy of medicines, in different diseases, can be measured or judged of.

Thus has the healing artist stood alone—I might say for

saken—forsaken of all his renowned auxiliary sciences—forsaken of all his transcendental explanations and speculative systems. All these assistants were mute, when, for example, he stumbled upon an intermittent fever which could not be removed by means of purgatives and cinchona bark. “What is to be done here? what is with certain confidence to be set about?” he inquires of these his oracles. And these oracles have remained silent up to the present hour, in most cases.

He reflects upon the matter, and comes, after the fashion of men, to the foolish notion, that his uncertainty what to do here arises from his not knowing the internal cause of intermittent fever. He searches in his books, in some twenty of the most celebrated systematic works, and finds in each a different explanation, unless they have copied from one another. Which of them is he to take for his guide? They each contradict the other.

By this road he finds he will make no progress.

He will let intermittent fever just be intermittent fever, and turn his attention solely to discover what medicines the experience of bygone ages, except cinchona and purgatives, has found useful. He proceeds to search, and to his amazement discovers that an immense number of medicines have been celebrated in intermittent fever.

Where is he to begin? What medicine is he to give first; which next, and what one is he to give last? He looks round, but no directing angel appears, no *Hercules in bivio*, no heavenly inspiration whispers in his ears which of all the number he ought to select. What is more natural, what more appropriate to the weakness of man, than the unhappy resolution (the resolution of almost all ordinary physicians in similar cases), “that as he has nothing to direct his choice to the best, he had better give several of the most celebrated febrifuge medicines mixed together in one receipt. How will he ever otherwise get to the end of the long list, unless he give several at a time? As he can find no one who can tell him the difference in the operations of these different substances, he considers it better to mix several as few; and if the operation of each of these ingredients differs

from that of the others, it would certainly be better, in this case, to collect several reputedly antifebrile substances in one receipt.

Among the many substances in his elixirs, pills, mixtures, and infusions, surely (he thinks) there must be one which will do good. Perhaps the most effectual happens also to be the freshest and most powerful; and possibly the substances less adapted to the cure, and even obstructive, happen to be the weakest in this apothecary's collection. Perhaps! yes we must hope the best, and trust to its all turning out well at last!

*Periculosa plenum opus aleæ!* What are we to think of a science, the operations of which are founded upon *perhapses* and blind chance. But suppose the first or second, or all the trains of mixed drugs have not done any good, then I must ask, whence did your authors derive the information, that A or B, or Y or Z, was useful in intermittent fever?

"It stands written of each of these remedies in the *Materia Medica*."

But whence is their knowledge obtained? Do the authors of the books anywhere assert that they have given these substances alone uncombined in intermittent fever.

"No. Some give original authorities, or quote other works on *Materia Medica*; others make the statement without any reference to its source."

Turn up the original authorities!

"These have been convinced not by personal experience; they only quote some antiquated writers, as Ray, Tabernamontan, Tragus, Fuchs, Tournefort, Bauhin, and Lange."

And what of these?

"These, again, rest upon the results of domestic practice; peasants and uneducated persons, in this or that district, have found this or that medicine useful in a particular case."

And the other authorities?

"Why, they aver that they did not give the medicine by itself, but, as it became a learned physician to do, combined with other simples, and found advantage from it. Still it was their impression that it was this drug, and not the other simples, which had been of service."

A fine confidence truly, a most delightful conviction, grounded upon opinions destitute even of probability !

In one word : the primeval origin of almost all authorities for the operation of a simple medicine is derived, either from the confused use of it, in combination with other drugs, or from domestic practice, where this or that unprofessional person had tried it with success in this or that disease (as if an unprofessional person could distinguish one disease from another).

Truly this is a most unsatisfactory and turbid source for our proud *Materia Medica*. For if some of the common people had not, at their own risk, undertaken experiments, and communicated the results of these, we should not have known even the little we do at present about the action of most medicines. For, with the exception of what a few distinguished men, to-wit, Conrad, Gesner, Stöerk, Cullen, Alexander, Costi, Willemet, have done, by administering simple medicines alone and uncombined, in certain diseases, or to persons in health, the rest is nothing but opinions, fancies, and deceits. Marcus Herz thinks the water-hemlock cured phthisis, although he gave it combined with various other drugs. On the other hand, to me the statement of Lange (in his *Med. Domest. Comis.*) is of much greater weight, when he asserts that the common people have employed it uncombined in this disease, frequently with good effect, than what the distinguished Doctor thinks ; and for this simple reason, because he gave it mixed with other drugs, while the other gave it simply by itself.

The *Materia Medica* of remote antiquity was not worse prepared. Their sources were then the history of cures effected by simples, recorded in the votive tablets ; and Dioscorides and Pliny have manifestly derived their account of the operation of simple medicines from the rude observations of the common people. Thus, after the lapse of 1700 or 2000 years, we are not a step advanced. The only source of knowledge of the power of medicines, how troubled is it ? and the learned chorus of physicians in this enlightened century, contents itself with it, in the most serious contingency of mortals, when the most precious of earthly possessions—

life and health—are at stake! No wonder that the consequences are what they are.

He who, after such experience of the past, still expects that the art of medicine will advance to perfection by this road, to such an one nature has denied all capacity of distinguishing between the probable and the impossible.

To fill to the brim the measure of deception and misapprehension attending the administration of medicine to the sick, the order of druggists was instituted,—a guild which depends for existence on the complicated mixtures of drugs. Never will the complicated formulæ cease to prevail, so long as the order of apothecaries maintains its present influence. It was the mediæval age which produced a Nicolaus, the ointmentmaker [Salben-Kocher] (myrepsus), out of which the *Antidotoria* and *Codicis Medicamentarii* were compiled for Paris and Italy; and it was in Nurnberg, about the middle of the sixteenth century, that the first German *Dispensatorium* was written, through the well-meant zeal of the youthful Valerius Codrus. Before this unhappy occasion, apothecaries were unprivileged venders of drugs in their raw and simple state (at the utmost, they might have some *theriacum*, *methradatum*, and a few ointments, plasters, and syrups, ready on demand, but this was optional on their part). The physician bought from them only genuine and fresh materials, and mixed these for himself, according to his own discretion; but nothing prevented him from giving them, in their simple and uncombined state, to the patient.

But from the time when the authorities introduced dispensatories—that is, books full of ready prepared compound medicines, it became necessary to form the apothecaries into a close corporation, and to give them a monopoly (on account of their obligation to have always a stock of ready prepared mixtures), by which their number was fixed and limited.

It is true, that, after the authorizing of the complicated mixtures in dispensatories, which was the first step to mischief, had been taken, the second—the granting a monopoly of the sale of these expensive mixtures to apothecaries—was neither an unexpected, nor an unjustifiable proceeding; but the public approved of these senseless mixtures, which would

never have been given them, if the trade in simples had remained as it was at first; and there had been no need of apothecaries' monopoly, from which so manifest evils have arisen. The earlier dispensatories, nearly down to our own time, called each prescription invitingly after the name of the disease which it was to remove, and after each the mode of its administration was described, and numerous recommendations. By this the young physician was led to employ this composition in preference to some simple medicine, since these compositions were so magnificently guaranteed. The privileged apothecaries did what they could to increase the number of these prescriptions, for the profit derived from them was immensely greater than would have been derived from the sale of the simple drugs employed in their composition; and thus, gradually, the small octavo dispensatory of Codrus grew into huge folios (the Vienna, Prague, Augsburg, Brandenburg, Würtemberg, &c.). And now there was no known disease for which the dispensatory had not certain ready compounds, or, at least, the receipts for them, along with the most imposing recommendations. The artist of healing was now prepared, when he had such a receipt-book in his hand,—a receipt sanctioned by the highest authorities in the land—for every disease! What does he want more to make him perfect? How easy has the great art of medicine become!

Quite lately a change has taken place. The formulæ of dispensatories have been shorn of their auctioneering titles, the number, especially of the most compound, have been lessened. Still enough of magisterial receipts remain.

The spirit of the advancing age had already expunged from the list of drugs the pearls and jewels, the precious *bezoar*, the unicorn, and other things, which were so profitable to the apothecaries; simpler processes were substituted for the complicated ones; no one now required alcohol to be ten times rectified, or calomel twelve times distilled; and the establishment of more stringent price-regulations threatened to convert the apothecaries' office of gold into one of silver, when things took a turn more favourable to the apothecary, and more disastrous to the art of medicine.



The former medical laws had already begun to restrict the composition of the mixtures to the apothecaries, and thus, in some measure, to confine the physician. The more recent statutes completed the work, by preventing physicians from converting the simple drugs into compound mixtures for themselves, as well as forbidding them to give any medicine directly to the patients, and, as expression was, "to dispense."

Nothing could have been done more expressly adapted to ruin the art of medicine. Such regulations can have been adopted from three views:—

1st, Was it from the notorious incompetence of the physicians of the present day themselves to prepare a tolerable combination of drugs; were they not to be trusted with the weighing out of the simples, that they were prevented from executing this mechanical operation, as midwives are not allowed to use forceps? If this were the case (what a dreadful presumption!) how could they write a receipt, that is a prescription, how a variety of substances were to be combined in the most proper manner, if they themselves were not masters of the operation which they described?

2d, Or was it for enriching the apothecaries, whose incomes suffered by the physicians themselves dispensing their medicines? If the whole system of medicines existed for the benefit of the apothecaries alone,—if people fell sick solely for the profit of apothecaries—if learned men became physicians, not so much for the purpose of curing the sick, as for the sake of assisting the apothecaries to a rich livelihood—then there would be good reasons why the dispensing of medicines was forbidden to physicians, and a monopoly of it confirmed to the apothecaries alone.

3d, Or was it for the benefit of patients? We must presume that medical laws are made chiefly for the benefit of the sick! Let us see, if it were possible that patients could derive advantage from these laws.

By not himself dispensing, the physician loses all dexterity, all practice, in the manipulation necessary for the combination of substances which severally react, and in certain cases decompose one another. He gradually loses his experience

in this art, until he, at last, cannot give a minute and consistent prescription at all, and writes prescriptions which involve contradiction, and give rise to decomposition of the medicines, and make the apothecary merry at his expense. In this practice the physician must conform with the best grace he can ; and the doctor and his patients must be content to receive his medicine as the apothecary and his assistant (a mere apprentice) please to make it.

If the physician wants to order equal parts of camphor and myrrh in the form of powder, he very likely does not know, from his want of acquaintance with pharmaceutical manipulations, that these two substances never can form a powder ; but the longer the two dry substances are pounded together, the more entirely do they become converted into an emulsion, or even a fluid. Then the apothecary either sends to the patient a soft mash, instead of a powder, with a sarcastic observation, much to the annoyance of the physician ; or he deceives the doctor, to keep in his good graces, and gives the patient some other brown powder, impregnated with a smell of camphor ; or the physician, perhaps, writes a prescription against hæmoptysis, consisting of alum and kitchen-salt rubbed together : now, although each of these substances, separately, is a dry powder, yet out of the triturated combination no powder can be obtained but a fluid mass, which a physician, not himself accustomed to dispense, could never have suspected. What will the apothecary do in a case like this ? He must either annoy or deceive the writer of the receipt.

Now, can these and a thousand other similar counteractions tend to the welfare of the patients ?

Errors, mistakes of every kind, which the apothecary or his assistant commits in the preparation of the compound, through ignorance, hurry, confusion, uncertainty, or deceitful motives, afford to the man of science and knowledge, who wishes to prove such a combination, a problem, which, in the case of vegetable compounds, altogether defies his powers to resolve,—how much more so for a physician who does not use his own medicine, and is not even allowed to do so. How is he ever to discover the adulterations or the impurities

which the person who makes up the prescription may have employed? If he cannot detect them, which, from the limitation of his knowledge, is very probable, what mischief must and does thence accrue to the patient! If he cannot detect them, what a fund of merriment must he afford, when his back is turned, to the apothecary's shopboys! By forbidding physicians themselves to dispense, the apothecary's income is cared for in the most satisfactory manner. How is it possible to check his bill? And if we attempt to reckon the items, his conscience does not prevent him from employing a cheaper substitute (*quid pro quo*), instead of the expensive one that is prescribed. Many apothecaries have brought this deception to perfection. This practice has been in vogue for fifteen hundred years. We may learn this from Galen's little book, entitled *περί αντεβαλλόμενιον*; and the multitude of books which treat of the adulteration of drugs and deception practised by apothecaries, make even now no contemptible library. How much is the whole history of the treatment to be depended on in regard to the healing of the sick!

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ON DYSENTERY, AND THE CHARACTERISTIC SYMPTOMS OF  
THE DIFFERENT MEDICINES WHICH PRODUCE IT.

BY DR ATTOMYR.\*

*a. Description of the Disease.*

*Evacuations.*—At first fæculent matter, mixed with blood and mucus. After that the fæculent matter is altogether absent, and is replaced by discoloured blood, or a white, mild, or corrosive mucus, with or without blood, or a watery, ichorous, or purulent brown, green, grey, yellow, variegated, dark, limy, tough, or tar-like discharge, or fluid mixed with white suet-like membranous or polypus-like particles, or clots of blood, or teneæ.

Natural fæces are discharged at the intervals.

\* Extracted, with certain modifications in the arrangement, from the first part of vol. xxi. of the *Archiv. für die Homœopathische Heilkunst*.

The discharge is devoid of odour, or smells of rotten eggs, or is penetrating and offensive.

The quantity is very trifling, and bears no relation to the long and painful straining which precedes it.

There are as many as 20, 40, 100, or even 200 stools in the 24 hours.

The pains are almost always suspended before death.

The pains are spasmodic, cutting, or tearing, often so severe as to oblige the patient to cry out, alternately more and less severe ; at first higher up in the abdomen, but latterly concentrating themselves towards the anus, and producing there the sensation of a weight or foreign body, producing intense but fruitless efforts to expel it.

The patient feels at intervals, during the periodic pains, the matter to be evacuated moving like burning coals from place to place in the bowels. Occasionally the patient feels the sensation of laceration. The nutriment, for which the patient often craves, passes as soon as taken through the bowels quite undigested, and its progress is perceived by the sufferer. Even drinks excite almost instantly the desire to evacuate. In certain positions the pains are more severe, they are little altered by pressure. The pains are worse before every evacuation. The severity of the pain bears no relation to the danger of the disease.

The desire to evacuate is almost unremitting, and generally attended with the sensation of protrusion of the bowel. This sensation is not relieved by the evacuation.

Prolapse of the gut sometimes occurs, especially in children.

*Sympathetic Sufferings.*

Pale, collapsed, cadaverous countenance.

Expression of pain during the paroxysms, and of despondency during the remissions.

Aphthæ in the mouth and throat.

Tongue dry, dry and rough, ashy grey and blue.

Dryness of the mouth.

Bitter taste.

Nausea, and inclination to vomit.

Bilious vomiting, generally only at first, but sometimes through the whole course of the disease.

Thirst, often violent, sometimes unquenchable.

Loss of appetite, repugnance to food and drink.

Difficulty, sometimes complete, in swallowing.

Hiccough.

Oppression at the epigastrium.

Distension of the abdomen.

Constant and painful desire to micturate.

Urine scanty, saffron yellow, afterwards with a pale red sediment, sometimes dark brown, seldom milky.

Respiration confined, short.

Coldness of the extremities.

Continual reclension on one side, the leg bent both at the knee and hip-joint, and the head often sunk below the bed-clothes.

Sense of contusion of the limbs, especially at the back and loins.

Cramps of the limbs are rare.

Moderate fever—fever seldom altogether absent.

At the commencement of the disease severe shivering, with succeeding heat.

Pulse feverishly accelerated, or small, weak, and irregular.

Sweat without alleviation, cold clammy sweat.

In the slighter cases the fever is often strong, and in the severe ones it is mild.

Great sensibility towards external cold.

Miliary eruption. Sometimes a vesicular eruption over the whole body.

Gangrenous spots on different parts of the body, especially of the lower extremities.

The skin is wrinkled, dry, covered in the worse cases with an earthy coating, sometimes it has a varnished or bronzed appearance.

The exhalation from the lungs and the urine occasionally participate in the offensive smell of the evacuations.

Fainting.

Great prostration of strength.

Restlessness, anxiety, agitation in bed.

Sleeplessness. Sometimes long continued somnolence.

Incoherent talking.

Violent delirium.

It sometimes becomes chronic, but in general it is rapid, and its termination often speedily fatal.

The severer cases are sudden in their accession, and give no warning of their approach.

*Pathological Anatomy.*

The seat of dysentery is in the mucous membrane of the colon.

Rokitansky has described the four following grades of the dysenteric process.

1st, In the lowest grade, the mucous membrane of the colon appears red and swollen at particular parts in the form of circular patches, and it is covered in almost its whole extent with a layer of thin dirty greyish-red secretion. The epithelium is either raised into small vesicles containing serum, or separated in scales like clover leaves, forming a layer which is more or less easily detached, or is of greyish-white colour; and under this layer the mucous membrane lies bare, and can be scraped away with the scalpel in the form of a bright red bloody pulp (Breis).

2d, In the higher grade, this change of structure is extended over a larger surface. The mucous membrane either is, or has been, covered over with a dirty grey layer, composed of exfoliated epithelium, and a thick gelatinous secretion, and it is softened into an easily abraded, blood-turgid, orange-coloured, gelatinous substance. On the internal surface of the gut, more or less numerous protuberances are generally discernible, occasioned by an unusually great serous infiltration of the submucous cellular tissue. The whole of that portion of the gut has suffered passive enlargement, is filled with gas, and a dirty brown fluid composed of intestinal secretion, epithelium, effusion, blood, and fecal matter. All the tissues are thickened, but the submucous cellular tissue is especially

turgid. It is at this stage of plastic effusion that the membranous or tubular coagula are discharged at stool.

3d, At a still higher grade of the dysenteric process, the eminences of the submucous cellular tissue are so closely set by one another, as to give the whole surface a globular and glandular appearance. The mucous membrane over these prominences, presents, in part, the same aspect as was described above, but, in part, it is converted into an adherent scurf (schorfe), of a dark red or dark brown colour, injected with blood, or of a dirty greyish-green, or the mucous membrane is gone, the protuberances laid bare, and upon these may be felt either separate, dark red, loose, bleeding vascular bunches, or follicles enlarged and easily detached. The gut contains a dark or red brown, ichorous, very offensive, flaky, friable substance.

4th, In this the highest grade, the mucous membrane, in large patches, is found changed into a dark decayed lacerable substance, as if it had been charred; and in this stage it is not unfrequently discharged at stool in the form of tubular membranes. The submucous cellular tissue appears saturated either with carbonaceous blood, or with bloody serum, or it looks pale, and the blood in its vessels appears converted into a dark stiff pulverulent mass, while afterwards the vessels become filled with pus. The gut, which contains fluid dark brown and fœtid, like coffee grounds, is either passively distended, or more frequently collapsed; even the muscular coat being shrunk, thickened, pale, and peculiarly elastic, and yet easily lacerable.

In severer cases the peritoneum is discoloured into a dirty grey, and is quite dull in appearance, partially injected, and its whole surface covered with a purulent decomposing effusion (exudation;) frequently the mesocolon, and the folds of the mesentery in contact with it, participate in the disease; so that from the external view at this stage, the dysenteric process within may be recognised.

The glands of the mesocolon are correspondingly swollen, dark blue red, turgid, and spongy (aufgelockert\*).

\* This is a word very difficult to render in English. It means dis-

The dysenteric process increases in intensity from the *caput cæcum coli* to the anus, and reaches its height at the sigmoid flexure of the colon and rectum.

The dysenteric process shews a great analogy with the ex-coriations of the mucous membrane of the œsophagus by corrosive acids.

The duration of a dysenteric attack is 7, 14, 21, or 28 days; in the last case, it is generally attended with typhous symptoms.

The terminations are, 1st, recovery, with gradual repression of the pains and evacuations; 2d, transformation into rheumatic or intermittent diseases; 3d, death, from ulceration, wasting of the gut, or from paralysis of the abdominal nerves.

The diseases which follow dysentery are, erysipelas, with enlargement of the parotid gland, chronic tenesmus, paralysis of the inferior extremities and bladder, ascites, induration or narrowing of the gut.

The prognosis depends on the more or less typhoid character: the more frequent, decomposed, and foetid the evacuations, the more distended and painful the abdomen, the more unfavourable is the prognosis. A sudden prostration of the strength, incoherent talk, unconsciousness, inability to swallow, hiccough, sudden remission of the abdominal pains and discharges from the bowels, are the forerunners of death.

#### b. CHARACTERISTICS OF THE MEDICINAL DYSENTERIES.

##### 1. *Acetate-of-Copper-Dysentery.*

Evacuations from the bowels alternating with vomiting.

Severe tenesmus attends the alvine evacuations.

Violent retching and vomiting, the latter accompanied with convulsions.

Vomiting of clear, very tenacious, sweet-tasted saliva.

Aggravation of the abdominal pain before every evacuation.

Countenance expressive of depression and anxiety.

Spasmodic distortion of the features.

Tongue dry and rough.

tended by the loosening of the contents, as for example, a feather bed, when shaken up.



Taste harsh, astringent, sharp, coppery.

Spasms of the gullet.

*Cramps of the fingers and toes.*

Bilious evacuations. (Colch.)

Tongue dry. (Arsen.)

Sweet taste in mouth. (Cynap.)

Paralytic sensation in the arms and legs.

General muscular weakness. (Bell.)

Exhaustion. (Cynap.)

Cold sweat. (Arsen.)

*Pathological Anatomy.\**

The mucous membrane of the stomach and intestines is covered with a greenish or bluish coating; and beneath that it is found inflamed, injected, gangrenous, thickened, and even perforated. The parts most affected are the stomach and rectum.

*Clinical Observation.*

Rau found it useful in copious evacuations, with most painful tenesmus and fainting at stool.

*2. Aloe-Dysentery.*

Discharge of membranous-looking mucus from anus.

Evacuation of large conglomerated masses of mucus.

Pathological appearances are, inflammation and ulceration of the mucous membrane of the intestines.

*3. Arnica-Dysentery.*

Purulent discharge at stool.

Diarrhoea like brown yeast.

Tongue white, with a yellow fur.

Taste of rotten eggs in the mouth.

Eruclations tasting like rotten eggs.

Bitter salt eruclation.

Flatus smelling like rotten eggs.

Pressing in the rectum. Contraction in the anus.

Urine dark red, with a brick-coloured deposit.

Offensive smell of the breath.

\* We have made some additions derived chiefly from Dr Christison's treatise on poisons to this section throughout.—EDITORS.

Sensation of weight in the limbs.

Dislike of drinks. (Bellad.)

The urine becomes turbid immediately.

*4. Arsenic-Dysentery.*

Discharge of shreddy, tallow-like, broken down, decomposed, tough substance by stool.

Dark evacuations.

The stools smell like ill-conditioned sores.

Sensation as if the patient would burst before the stool.

Cadaverous earthy and blue coloured countenance.

*Blue discoloured face.*

Tongue of a bluish hue.

Vomiting of dark blue masses; thin dirty yellow substances; thick gelatinous mucus.

*Although the thirst is intense, the patient drinks little.*

Distension of the colon.

Greenish dark brown urine.

Clammy sweat.

Miliary eruption. Petechial spots. Urticaria.

Red scorbutic eruption.

Dark, burning, painful pustules.

Tossing about in bed.

Discharge of pure blood from anus. (Canth. Coloc.)

Discharge of corrosive mucus. (Merc.)

Flocculent evacuations. (Colch.)

Yellow countenance. (Canth.)

Tongue dry. (Acet. of copper.)

Unquenchable thirst. (Canth. Colch.)

Beaten sensation at the loins. (Merc.)

Cold sweat. (Acet. of copper.)

Pulse weak (Bell.), intermittent. (Canth.)

Mitigation of the pains by application of external heat. (Canth.)

*Pathological Anatomy.*

Accumulation of much slimy, corrupt, discoloured stuff in the stomach and intestines. The stomach and bowels are denuded of their natural mucus.

Peculiar inflammatory process occurring at insulated points

of the stomach and intestines, with softening. The blood-vessels of the intestines are very turgid. Blackness of the villous coat of the stomach, from extravasation of blood. Redness and ulceration of the duodenum, and also particularly of the rectum. A portion of the colon,  $2\frac{1}{2}$  inches, before the insertion of the ilium, is distended to one-half more than its usual size in half of its circumference. Several round and red ulcers in the cœcum, rising somewhat above the level of the mucous membrane. Dark red colour of the colon and rest of the intestines.

*Clinical Observations.*

Dysenteric diarrhœa following fever, with costiveness, which had been allopathically treated. Symptoms were:—A wild look. Hasty speech. Lying sometimes on the upper, sometimes on the lower part, of the bed. Constant eructation. Hard distended abdomen, with occasional borborygmus. Fifty evacuations in the 24 hours; only a little mucus passed at a time, with violent burning at the anus. Little urine passed. Dry brown tongue. Violent thirst. Great weakness. Sometimes oppression at the chest. No appetite. No sleep. Great anxiety.—*Annalen d. h. Klinik.*, 1, p. 268.

*Chronic dysenteric diarrhœa of children*, especially in cases where the stools are very foetid, passed unconsciously; with perfect exhaustion of the strength, great stupefaction and indifference, petechia, and complaints of burning in the bowels. Arsenic answers in the third stage of dysentery.—(*Noack and Trinks.*)

*5. Belladonna Dysentery.*

Constant pressure towards the anus and genital parts.

The pains are worst on the left side, and are aggravated by bending the body towards that side.

Alternately with spasmodic pains in the lower part of the abdomen, there is felt dull stitches in the region of the diaphragm.

Orange-coloured urine, or bright yellow urine.

Eruption of painful vesicles.

Repugnance to drinks. (Arnic.) White turbid urine. (Arnic.)

Pulse weak. (Arsen.)

General muscular debility. (Acet. of copper.)

Raving. (Cynap. Canth.)

*Pathological appearances.*

Partial redness and inflammation of stomach and intestines. Occasionally the inflammation extends along the duodenum, and seldom along the whole course of the intestines. The blood is in general very fluid.

*Clinical Observation.*

Belladonna is recommended in typhous and inflammatory dysentery.

*6. Cantharides-Dysentery.*

Lips raw; tongue denuded of its lining membrane; the *Velum pendulum palati* of a dark brown colour; vesicles in mouth and throat.

Gripping in abdomen, with pressure towards the genital parts. The severe abdominal pains affect the kidneys also.

Urine turbid, reddish coloured.

Extreme debility and emaciation.

Pure blood is passed by stool. (Ars. Coloc.)

Bloody stools, with membranous discharge from intestines.

Mitigation of the pain on application of external heat. (Arsen.)

Yellow countenance. (Arsen.)

Aphthæ in mouth. (Merc.)

Unquenchable thirst. (Arsen. Colch.)

Paralytic feeling in the arms and legs. (Acet. of copper.)

Pulse full; (Coloc.) intermittent. (Arsen.)

Delirium. (Bell. Cynap.)

*Pathological appearances.*

Tubercles on the internal surface of the stomach and intestines; injection of the veins; small ulcers; portions black from effused blood; and perforated spots in these parts.

*7. Capsicum-Dysentery.*

Discharge of tough mucus, mixed with blood.

Thirst after every evacuation, and shivering after every drink.

Every time after drinking he must go to stool.

The griping pains resemble a flatulent colic.

Taste in mouth like putrid water.

Extreme sensibility towards the open air, even though it be warm.

#### 8. *Colchicum-Dysentery.*

Very offensive evacuations.

Watery evacuations passed unconsciously.

Stools mixed with small white membranous pieces, and matter of a light blue colour.

*Prolapsus ani.*

Cachectic appearance.

Urine black, dark brown, greenish.

Cramps in the calves of the leg.

Bloody stool, with membranous discharges. (Canth.)

Bile-like discharges. (Acet. of copper.)

Yellow flocculent discharges. (Arsen.)

Melancholy expression of countenance. (Acet. of copper.)

Unquenchable thirst. (Ars. Canth.)

Urine red, (Canth. Merc.) pale yellow. (Canth.)

#### *Pathological Anatomy.*

Partial inflammation of the stomach and colon; thick tough coating spread over the stomach and intestines. Prominence of the glands of the mucous membrane. Reddish-brown colour of the villous coat of the ilium and colon.

#### *Clinical Observation.*

Colchicum is often useful in the epidemic autumnal dysentery.

#### 9. *Colocynth-Dysentery.*

Evacuations of a musty smell, like burnt grey paper.

The severe shocks of pain ascending from the abdomen seem to agitate the cheeks and make them tremble.

Pains as from incarceration, as if the bowels were clenched between stones, and threatened to burst out.

Burning in the loins.

Mitigation of the pain through the use of coffee, by pressure of the hand upon the abdomen, and by bending forward.

*Great inclination of all the muscles of the body to become spasmodically contracted.*

Desquamation of the whole surface.

Discharge of pure blood from the bowels. (Arsen. Canth.)

Frothy stools. (Merc.)

Full pulse. (Canth.)

*Pathological appearances.*

The mucous membrane of the stomach, duodenum, and colon, of a lively red colour, blackish at parts, spongy and ulcerated; the muscular coat, too, was often\*inflamed, as well as the peritoneum and the rest of the intestines.

*Clinical Observation.*

Colocynth cured a dysentery attended with very violent colicky pains.

10. *Cynapium-Dysentery.*

Simultaneous discharge of green mucus from the mouth and anus.

Vomiting of a frothy milk-white mass.

The abdomen swollen, and at times of a dark blue colour.

Irregular pulse.

Sweet taste in mouth. (Acet. of copper.)

Delirium. (Bell. Canth.)

11. *Mercury-Dysentery.*

Discharge of *Lumbrici* and *Ascarides*.

Corrosive discharge from the anus.

Protrusion of the gut.

Pressure in the abdomen, as if a ball were there, previous to the discharge of dark green mucus.

Unspeakable pains in abdomen, which go away only when the patient lies down.

Fæulent taste in mouth.

Urine reddish brown, turbid whenever it is passed, with white fleecy clouds.

Fœtid perspiration.

Very small vesicles in different parts of the body.

Slimy stools. (Coloc.)

Corrosive mucus is discharged. (Arsen.)

Vomiting of bitter mucus. (Subl.)

*Aphthæ in the mouth.* (Canth.)

Urine red. (Canth. Colch.)

Sensation of being beaten at the loins. (Arsen.)

Sensibility towards fresh air, even though it be warm.

*Clinical Remark.*

It has been found very useful in autumnal dysentery, in which there is much tormina and tenesmus, and the discharge of a little blood.

*12. Corrosive-Sublimate-Dysentery.*

Continual dysenteric stools day and night.

Shivering and griping pain upon making the smallest movement.

Fresh air, although warm, excites shivering, griping pain, tenesmus.

The countenance expresses despair.

Pulse trembling, thready, hardly perceptible.

Vomiting of bitter mucus. (Merc.)

Sensibility towards fresh air. (Caps. Merc.)

*Morbid Anatomy.*

Inflammation of the whole extent of the bowels.

The walls of the colon may be either thin and livid from contact with the dark and fœtid fluid, or (more commonly) they may be contracted, and the mucous membrane red or blackish, chiefly superiorly.

The whole of the peritoneum is inflamed.

Inflammation of, and abscess in, kidneys.

Inflammation and contraction of bladder.

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AN ACCOUNT OF THE SCARLET-FEVER CASES TREATED ON  
HOMŒOPATHIC PRINCIPLES, DURING AN EPIDEMIC WHICH  
PREVAILED IN THE ISLAND OF GUERNSEY THROUGHOUT  
THE CHIEF PART OF THE YEAR 1844.

By Dr OZANNE.

In the beginning of last year, an epidemic of scarlet-fever broke out in the town of St Peter's Port, from whence, after being stationary for a short time, it gradually extended to every part of the island.

In its progress it followed chiefly those roads on which the lines of dwelling-houses are least interrupted, and fixed itself in those villages which are most densely peopled, spreading from thence, in every direction, to the farm-houses and other isolated habitations. During the first four or five months, it seemed to advance both by contagion and infection; but towards the close of its existence, it appeared to be transmitted chiefly by contagion.

Though milder in character than an epidemic which ravaged the island five or six years ago, it nevertheless shewed itself in its worst forms in a large proportion of cases. It was not possible to ascertain the actual mortality by means of the public registers,—the registration not being compulsory, and the cause of death not being taken from a medical certificate, but entered as given by the reporter. Some idea of the mortality may, however, be formed from the number of deaths in two of the country parishes. In the Vale parish, there were registered 8 deaths to a population of 1695; in St Sampson's, 9 deaths to a population of 1567. There are, besides, a few deaths in each parish of young children, entered under the heads of debility, convulsions, &c., amongst which there may perhaps be some of scarlet-fever. Now, if the whole of the island suffered in proportion, the total number of deaths for a population of 27,000 would be 141 or 142. Judging from the number of deaths which took place in the town during the space of a few months, I feel inclined to believe that this estimate is not much above the mark.

The greater number of deaths, so far as I could learn, oc-



curred in consequence of putrid sore-throat, cerebral complication, or rapid sinking, during the first stage of disease, from the depressing influence of the poison before reaction could take place. Thus, in one family alone, four children died in one week, on the second or third day of the disease. In several families, more than one death occurred amongst those treated allopathically.

The total number of patients who came under my observation was 72; three more were treated homœopathically by other persons, and recovered. In addition to these 75 cases,\* there were others which, from the intensity of the febrile symptoms, and the severity of the inflammation of the fauces, together with the circumstances under which the disease broke out, appeared to be instances of the Scarlatina without eruption. Five of these were taken ill whilst sleeping in the same room with scarlet-fever patients, or attending upon them; in the sixth, the illness could not be traced to such a source, but whilst he was recovering from it, his only child, who had not left the house, took the scarlet-fever in its mildest form; there being at the time no other case in the neighbourhood. In the account of the results of treatment, these six cases are excluded, because, however probable it may be, that in them the disease arose from the presence of the scarlatina miasm, such cases will, at best, always leave a doubt as to their being scarlet-fever.

Out of the 75 cases that were placed under homœopathic treatment, 70 recovered and five died.

The respective ages of the five who died were 9 and 18 months,  $3\frac{1}{2}$ , 4, and  $5\frac{1}{2}$  years. In three of them the disease assumed a malignant form; in the fourth there was a doubt as to malignity; in the fifth there was an immense tumour in the neck, which ended in suppuration and sloughing, denudation of the thyro-hyodean membrane and œdema glottidis, which carried off the little patient.

1.—H. F. S.,  $3\frac{1}{2}$  years of age, took the fever from a child

\* I omit here several cases of scarlet-fever treated on homœopathic principles with perfect success, prior to the epidemic of last year.

who had the putrid sore-throat. On the 6th December, she was brought home from school very ill. She was very ill during the three first days with sore-throat and fever; but her parents, thinking it only a cold, did not call in medical aid. On the 9th she became much worse. On the 10th, in the afternoon, I was desired to see her. The skin was cold, more especially at the extremities; the pulse very rapid, but so weak that it could scarcely be felt; she had a stupid look, and gazed vacantly in different directions, as if unconscious of what was around her; she had very frequent retching, which obliged her to sit up in her bed; there was a dirty-yellowish running from the nose; her breath had a very foetid odour; the fauces were obstructed by a viscid mucus, and presented ulceration of a foul appearance, with here and there false membranes. There was very little enlargement of the tonsils, yet she could not swallow her drinks, which were rejected through the nose by coughing. On the following day she was much the same in regard to the principal symptoms, but the vomiting was less frequent. It was not possible to get her to swallow the medicines; the only way in which they could be given was by throwing globules, and sugar of milk impregnated with the tincture, as far into the mouth as possible. In this way Bell. 2. and Ars. 2. were administered. In the evening she began to breathe heavily at times, without there being any apparent obstruction of the fauces or larynx. Laches. 6, followed by Opium 3. In the night she got worse, and died. As her mother was very ill in bed, no *post-mortem* examination could be made on account of want of room.

2.—J. R. G., æt. 4, was seized with the fever on the 18th October, whilst at school. As it went on mildly at first, nothing was done. On the 21st, he got much worse, yet no medical aid was sought for. The parotids were then much enlarged, and the mouth so sore that it could not be opened; the breath foetid, and the voice altered. In the evening of the 23d, I was requested to see him, as his parents despaired of his getting well without medicine. The skin was rather hot and dry; the pulse above 160; the rash had disappeared; the parotids were much enlarged; a foetid secretion flowed from the mouth, and excoriated the lower lip; the tongue was like-

wise excoriated ; a loose rattling in the throat, and cough ; the voice faint, croaking, and so altered that he could scarcely be understood ; the chief portion of his drink was rejected through his nostrils, as it immediately occasioned cough. Acon. 2, followed by Laches. 7. The next day there was no alteration. On the 25th, swelling of the submaxillary glands. Merc. 5, followed by Laches. 7. 26th March, puffy swelling of the right arm, with much pain and tenderness to the touch. Arsen. 3. 27th. The swelling of the arm has diminished, but one of the lower extremities presented the same affection of the cellular tissue. He took successively Carb. v, Ars., and Laches. The breathing now became affected, and a mucous rattle was heard throughout both lungs. Phos. 3. He gradually became weaker, and died in the night of the 29th.

3.—M. P., æt. 5, had been ill four or five days when I first saw her. She had taken Acon. and Bell., and went on favourably the two first days. One night she got out of bed, and stood for a short time barefooted on a stone floor in her night-clothes only. The next day she cried constantly from pain in the mouth and face ; the right cheek and the eyelids began to swell ; the glands of the neck on the left side, and the parotid swelled out considerably. On the 4th November, at my first visit, she was in the most wretched condition, her face much swelled, and the pain so intense, that she was constantly tossing and screaming. Merc. 5.

5th. Lips much swelled and excoriated ; tongue and throat covered with false membranes. Bell. 2. for the night.

6th. The swelling of the face had increased to such a degree that she could not open her eyes, and presented all the characteristics of erysipelas. She was considerably quieter, and had slept a little in the night ; pulse 144 ; skin hot and dry. Bell. 2 ; in the night Acon. 2.

7th. There was rather less swelling of the face, but the eyes could not yet be opened ; her voice was hoarse and faint ; she seemed at times ready to suffocate. The throat was examined, and a large lump, formed of false membranes, was removed from it, after which she felt better ; the tongue was of a dark greyish colour, rough, and shrivelled ; there was a foetid smell

from the mouth, and a dark greyish discharge from the nose; pulse 140. Arsen. 3.

8th. The erysipelas was subsiding. No other change. Ars. 3.

9th. False membranes were frequently removed from the mouth and throat by her mother, as they obstructed the throat, so as to threaten suffocation. The erysipelas was considerably better and the cuticle peeling off. The swellings in the left side of the neck had diminished, but others had appeared in the opposite side. She had frequent grinding of the teeth, and tossing about of the arms. Otherwise she seemed better. Pulse, 128 only. Merc. tr., to be followed by Ars. 3.

10th. She was rather better of her symptoms, but the tongue continued very dry, and was covered with a dark coating. Merc. tr., followed by Ars. 3.

11th. She now could open her eyes. Pulse 128. The only change was, that the grinding of the teeth was rather more frequent, and that she seemed perhaps less conscious of what was going on around her. Merc. tr., to be followed by Rhus t. 3.

12th. She took a little beef-tea. No change. Ars. 3.

She appeared to improve a little for a day or two more, and took beef-tea daily; but the grinding of the teeth, the tossing of the arms, and state of unconsciousness, increased. Her pulse became more frequent daily. She took Carb. v., Amm. c., Phos. ac., and Laches, without deriving any benefit from them, and died on the 17th, apparently from exhaustion.

I have reported this case at some length, as the treatment had evidently a good effect at first, and gave strong hope of her recovery; but, unfortunately, the patient was placed in the most unfavourable condition for her recovery, with regard to air, warmth, and cleanliness—the little room in which she was containing three other scarlet-fever patients, and her parents being harassed with the constant attention these patients required.

4.—G. P., æt. 17 months. Had been ill several days when I was requested to see her. It must have been the fifth day of the eruption. The lips were dry and covered with

sordes ; a viscous secretion obstructed the nasal fossa and throat. The tonsils were enlarged, but not so much as to prevent entirely the passage of fluids, yet what she drank was rejected through the nose at times. As it was dark, I could not get a good view of the fauces, and could not judge of the state they were in. She had diarrhoea, and occasional vomiting, in the day. Pulse, 164. Skin hot. Acon. 2, and Bell. 2.

She died in a convulsive fit in the night.

5.—D. N., æt. nine months. Had been ill several days, and the eruption was dying away, when he was placed under my care ; there was a large, dense, and painful tumour underneath the lower jaw, on the left side of the neck, but extending to the cheek and opposite side of the neck. The child had diarrhoea and much fever, the pulse being at 180. He took Acon. 3, and Bell. 3, with benefit, for two days. He then took, successively, Merc. 5, Acon. 3, and Hepar Sulphuris 5.

On the 7th day, the tumour was lanced, and discharged a tea-spoonful of matter. At first, the diminution of the tumour, by means of suppuration, afforded relief. He took Laches 7, then Acon. 2, Hep. 5, and China 3.

On the 11th day, there came on febrile heat of the skin, difficulty of breathing, livid spots on the upper parts of the chest, swelling of the subcutaneous cellular tissue from that part to the throat, with tenderness to the touch. He had, at the same time, œdema of the left arm, which, I thought, proceeded from compression of the subclavian vein, the bandage about the neck being much too tight. It was removed immediately, and the next day the œdema had disappeared. He took Acon. 3, Laches 7, and Silex 30. The swelling in front of the neck, and in the upper part of the chest, increased, and formed small hard lumps. The livid spots extended further down. He died on the night of the 12th day from the commencement of the treatment, after an illness of three weeks.

The cavity formed by suppuration and sloughing of the tumour, was found, after death, to extend upward towards the parotid region, and in front across the larynx, where the thyro-hyoidean membrane was exposed. The dimensions of this cavity were  $5\frac{1}{2}$  by 3 inches. There was œdema of the

glottis, without any appearance of inflammation of the larynx. The child had died of suffocation, as the aperture was not larger than a crow quill, yet it was not possible to perform tracheotomy on account of the swellings in front of the neck.

I will now proceed to describe those cases in which the treatment was successful. Of the seventy who had the *Scarlatina-rush*, twenty-nine were Dispensary patients, mostly children of poor people, living in badly ventilated and crowded rooms, or not sufficiently protected from the cold and damp. To the latter cause, the frequent occurrence of cough, and the production of dropsy, may be mainly attributed.

The age of the patients was noted down in 67 cases (the other 3 were under 5 years). Of these, 11 were above 20; 3 above 15; 3 above 10; 16 above 5; 25 above and 9 under 2 years of age. Of the latter, 7 were infants at the breast.

There was a marked difference, in the initiatory symptoms, between the patients above and those under 15 years of age: in the former, the febrile heat and eruption were preceded by considerable depression of the nervous system, rigors, coldness of the surface, vomiting, diarrhoea, headache, and pains in the back and limbs; the pulse being, in those cases where it was felt, weak and rapid. There was but one exception, in the case of a young gentleman, in whom the febrile symptoms were slight, and came on together with the eruption. In the younger portion of the patients the fever and rush suddenly appeared, in most cases without any previous indication of illness, or were preceded only by a few hours' *malaise*. Several of the little patients were taken ill whilst at school, and brought home with fever and sore throat—the rush soon making its appearance. In many of the patients the disease was of a highly inflammatory character; in two it was decidedly malignant; in two others it seemed, from the appearance of the throat and the general symptoms, on the point of becoming so. The state of the pulse was noted down, in 43 cases, as follows:—Above 80, and one case above 100, in 3; above 110 in 4; above 120 in 7; above 130 in 6; above 140 in 5; above 150 in 6; above 160 in 9; above 170 in 1; and above 180 in 1 case—the average number of pulsations per minute being

140. The state of the fauces varied considerably, in several cases the swelling of the tonsils, soft palate, uvula and base of the tongue, was so great as to cause much distress. In 6 cases there was ulceration of the tonsils, uvula, velum palati; in 3 the tongue was also ulcerated; and in 5 the lips. The patients who had ulcerations were much longer in recovering than those who had simple angina. One case, however, was an exception,—that of a little boy who had moderate fever, with pains in the stomach; the swelling of the tonsils and uvula was slight, but there was a deep ulceration in one of the tonsils. It healed in a few days; and when the rash had disappeared he felt quite well.

In 8 cases out of the 75, there was either no angina, or it was so slight as not to be complained of.

Nausea and vomiting occurred in a large proportion of cases. Twenty-one patients had vomiting, which ceased generally on the second day; but in some it continued to the third or fourth. It was generally accompanied by more redness of the tongue than was observed in those cases where there was no irritability of stomach.

Diarrhœa was less frequent, as it occurred in but 17 cases. It generally ceased on the second day; but in a few it lasted three or four days. In several children there was so much irritability of bladder, that the urine could not be retained.

The Schneiderian membrane was the seat of a thick viscid secretion in several children. In 6 of them, the accumulation in the nasal fossæ was so great, as nearly to prevent the passage of air through them; which circumstance added greatly to the distress already existing from the swelling in the fauces.

In three cases there was epistaxis.

Cough was a frequent symptom, and was present in 18 cases; in 4 it was attended with dyspnoea. It proceeded generally from unnecessary exposure to cold.

The brain was more or less affected in those cases in which the inflammatory symptoms were most intense. In the adults, the excited action of this organ was manifested in incoherent talk, strange thoughts, and visions; and, in 1 case, in violent delirium. In all, excepting one, these symptoms were observed only at night. In many children, there was wandering

and incoherent talk; some awoke out of their sleep in a fright, with screams and agitation; others seemed in a state of half stupor, from which they were aroused with difficulty. Six of them had delirium at different times in the night. Two patients, with ulcerations in the throat, had wandering of the intellectual faculties even in the day-time.

Convulsions were observed in 3 cases. In two of them they were general, and accompanied by other cerebral symptoms. In the third, they came on in consequence of the fever in a child who was previously under treatment for disease of the spinal cord.

Headache was frequent; it was noted down as severe in 11 cases. In one the pain was intense, and really alarming, as it gave some reason to apprehend inflammation of the brain.

Inflammation of the internal ear occurred in 5 cases, in 4 of which it ended in suppuration. Such as had abscess in the ear after the inflammatory stage, had a return of the fever, and were longer in recovering than those who had not this complication. Four of these patients soon recovered their hearing perfectly; the fifth, who had malignant scarlatina, has not yet recovered it, but is improving gradually, so that there are hopes of its being restored.

Swelling of the parotid occurred in two instances only; and in 5 cases, swelling or inflammation, which, in every case, terminated by resolution. In 1 case, a critical abscess formed underneath the mastoid portion of the temporal bone, after external and internal otitis.

Dropsical effusions into the whole, or some portion, of the cellular tissue, and into the chest and abdomen, came on in 8 cases during the period of convalescence. The supervention of these serous effusions in 7 of the cases is readily accounted for, from the fact of the patients having unguardedly exposed themselves to the cold or wet. No imprudence could be aduced on the part of the eighth case. Two boys who had inguinal hernia, and who habitually wore a truss, had, together with other dropsical symptoms, oedema of the scrotum, and effusion of serum into the tunica vaginalis of the same side as the hernia. In a few days these symptoms disappeared. The urine was examined in one of the patients who



had anasarca, and incipient or threatening hydrothorax, and contained no albumen.

Two cases of anasarca, one of them to an enormous extent, were placed under homœopathic treatment whilst the epidemic was at its height. In neither of these could the complaint be traced to the scarlatina miasm. The first, Ph. R., æt. 11, a thin delicate boy of a bilious temperament, was seized one evening with sore throat and difficulty in swallowing. The next morning when he awoke, he was swelled all over his body, but principally at the eye-lids, and back of the hands. The tonsils were slightly enlarged, the fauces red. He had pains at the pit of the stomach and diarrhœa. Pulse 88. Bell. 2 was given him. He was quite well in two or three days.

In the other case, the anasarca was so considerable as to disfigure completely the patient.

F. H., æt. 5½.—On the 3d Nov., his sister came to state, that, for the two or three last days, he, without any apparent cause, began to swell all over, and was so large, that he could not put on his clothes, and his face so puffy and swelled that he could scarcely open his eyes; the skin very pale and white; the urine of a dark brown colour; no appetite; much thirst; and that there was a sort of catching in the throat when asleep. Helleb. 3.

I saw him on the 5th, when his mother told me he was better, yet he appeared uncommonly swollen about the head, face, and shoulders, and looked as large as a young man of 18 or 20. The abdomen was also much enlarged. He had no acceleration of pulse; the skin was pale; the urine was passed pretty freely, and much paler in colour since the Helleb. There was no desquamation of the cuticle, nor had there been any sign of scarlatina or any other fever about him previously. Helleb. 3.

On the 6th he was much better, and passed much water. The anasarca was diminishing, and he could open his eyes better. Helleb. 3. On the 8th he had a bad cough in consequence of taking cold; the swelling had increased, but was not so great as at first. Bry. 2. 10th. He was much better; his appetite was good; the cough had left him, and he was not much more swollen than in his natural state; the urinary

secretion continued more active. The Bry. was to be continued, and followed by Helleb. 3. This medicine completed the cure.

*(To be continued in our next.)*

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COMPARATIVE RESULTS OF THE HOMŒOPATHIC AND ALLOPATHIC TREATMENT OF ASIATIC CHOLERA.

By Dr A. EDWARD HAMILTON of London.

The superiority of Homœopathy is well illustrated when any alarming form of epidemic disease makes its appearance for the first time. It is then that the searching course of study pursued by the physician of the new school unequivocally manifests its advantages. His previously acquired acquaintance with the action of a large variety of medicines on the healthy organism gives him immediately the choice of remedies for a disease, the symptoms and treatment of which are new to the greater part of the medical world. He at once, in accordance with the principle of *similia similibus curantur*, prescribes a medicine which he *knows* has the power of producing symptoms analogous to those of the disease in question—symptoms with which he is perfectly conversant; and his expectation of success is justified, in a great majority of cases, by the cure of the patient. The first appearance of the cholera in Europe offers a most striking exemplification of this fact. The homœopathic physicians were enabled to cope with this terrific disease, as if it had been one of almost ordinary occurrence. Secure in the knowledge derived from the careful study of the properties of medicines, they were enabled instantly to employ such as produced symptoms analogous to those to be treated; and with what success, the subjoined tables and examples will attest. Thus was the grand principle of the system brilliantly illustrated; while, on the other hand, the practitioners of the Allopathic School having to heal a strange and fearful disease were entirely at a loss; trying the various theories propounded by various schools in vain. They worked in the dark; and it was not until this cruel scourge had nearly spent its violence that they had acquired sufficient experience

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to afford them any probabilities of success in their modes of treatment; while the statistics of the period too evidently prove the frightful extent of mortality.

The following statistics have been taken from the pamphlet of Dr Antonio Blasi of Palermo, who kindly gave me every information concerning Homœopathy in Italy and Sicily, during my stay at Palermo.

*Statistical Table of the results obtained, by the Allopathic treatment of Cholera, in various hospitals on the Continent.\**

HOSPITALS.	Making the number 100.		
	Patients.	Died.	Cured.
Hotel Dieu, Paris, .....	100	64	36†
Enfans Trouvé, Do., ....	100	100	...
Invalides, Do., .....	100	85	15
Venice, .....	100	57	43
Padua, .....	100	85	15
Bergamo, .....	100	74	26
Genoa, .....	100	62	38
Turin, .....	100	71	29
Cuneo, .....	100	65	35
Leghorn, ....	100	63	37
Ancona, .....	100	58	42
Hospital Consolazione, Naples,	100	63	37
Brancaccio, Do., .....	100	73	27
S. M. di Loretto, Do., .....	100	54	46
Military Hospital, Do., .....	100	33	67
St Domenico, Palermo, .....	100	38	62
Gancia, Do. ....	100	66	34
Carmine, Do., .....	100	72	28
Sesta Casa, Do., .....	100	65	35
St Francesca di Paolo, Do., ....	100	71	29
St Agostino Hospital of Con- valescence, ..... }	100	1	99

\* Unfortunately, when the cholera raged here (England), Homœopathy was not practised in this country.

† It is much to be regretted that the total numbers treated are not given; for the value of medical statistics depends, in a great measure, on the extent of data from which they are derived.—Eds.

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The last mentioned hospital decreases the average greatly ; but, nevertheless, the mortality, according to this table, is 63 per cent.

*Statistical Table of the results obtained by the Homœopathic Treatment of Cholera.*

Taking the Number 100.

Places where some Physicians treated the Cholera Homœopathically.	Patients.	Died.	Cured.
Lembergh.....	100	4	98
Vienna.....	100	6	94
Berlin .....	100	20	80
Russia .....	100	22	78
Hungary.....	100	4	96
Austria .....	100	10	90
Germany.....	100	5	95
Paris.....	100	10	90
Marseilles .....	100	20	80
Palermo.....	100	15	85

The average mortality in the treatment of cholera by homœopathic means, according to this Table, is 11 per cent.

A few examples will not be found uninteresting.

From Tischnowitz, the following results were obtained and published by command of the authorities.\*

Cholera patients treated by the ordinary method, 44 ;—cured, 19 ; died, 25.

Treated homœopathically, 56 ;—cured, 53 ; died, 3.

Treated with camphor only, 65 ;—cured, 54 ; died, 11.

Another table in the same pamphlet, sent by the authorities of Tischnowitz to Dr Quin, giving the results of the treatment of cholera, from the 7th of November 1831 to the 5th of February 1832, three months, shews clearly the superiority of the homœopathic method.

Inhabitants, 6,671 ;—persons attacked with cholera, 680 ; cured, 540 ; died, 140. Of these—treated allopathically, 381 ; cured, 229 ; died, 102 ;—treated homœopathically, 278 ;

\* "Du Traitement Homœopathique du Cholera. Par F. F. Quin, M.D.

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cured, 251 ; died, 27 ;—treated by camphor only, 71 ; cured, 60 ; died, 11.

It may not be inappropriate here to give an extract of a letter, published about this time, in one of the Frankfort gazettes :—“ The proposition first started by the homœopathic doctor, Hahnemann, viz., that the cholera in its commencement can only be cured by camphor, is becoming daily more established, and is, therefore, beginning to be used elsewhere, without the mixture of the other remedies. Under this treatment we have seen, amongst others, in a small city of Prussian Poland, that, out of 240 patients, only 24 died ; and in these instances, medical aid was called in too late. Here, in Berlin, where the physicians are very antihomœopathic, they will not yet adopt fully the suggestions of Hahnemann, and give camphor, with the *admixture of other remedies*, and therefore the results obtained by them are unsatisfactory.”

Dr Bahodi, at Raab, treated, in the first 43 days, 154 cholera patients, and cured 148.

Dr Bahodi also mentions, that, of 108 persons who had taken homœopathic medicines as prophylactics, 3 only took the disease, —2 were treated homœopathically, and recovered ; 1 allopathically, and died.

Dr Schröter, at Lemburgh, treated 27, and saved 23.

In the province of Zips, 200 cholera patients were treated with camphor, only 3 died.

Dr Seider, in Russia, treated with homœopathic medicines 109 patients, and cured 86.

Dr Schuller, of Berlin, treated 31, and saved 25.

Dr Gerstel (Austria) treated 330, and cured 298.

Dr Munush (Austria) treated 84, and cured 78.

Dr Duplat (Marseilles) treated 60, cured 48.

In the Hospital of the Sisters of Charity (Homœopathic), Vienna, in 1832, from 1st July to 1st November, 293 cases of cholera were admitted ; of which 205 were cured, and 88 died.

Dr Lichtenfels (Vienna) treated 40 cases, and cured 37.

Dr Wieha (Vienna) treated, 144 and saved 132.

Dr Weilk, 29, and saved 26.

I leave these facts to speak for themselves ; but, if in such a violent disease as cholera, the homœopathic medicines are enabled, so triumphantly, to overcome its effects, the opposition which this system encounters must surely be the result of wilful ignorance or unjustifiable prejudice.

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## DR LAURIE'S PRACTICAL OBSERVATIONS.

*(Continued from No. IX., p. 13.)**Case of Rachitis.*

G., 7 years of age, of strumous parents (mother had suffered much from the effects of a fright during her pregnancy); more or less delicate from birth, but became materially worse after two years of age; and from the weakness, deformity, and pendulous state of the inferior extremities, had never been able to walk; head extremely large; teeth blackened and carious; chest deformed and much contracted; sternum projected forward and upwards, so that its superior border, and the internal extremities of the clavicles, are in immediate contact with the chin and lower jaw; considerable lateral and antero-posterior curvature of the spine; enlargement and great tenderness of the spinous processes of the first six dorsal vertebræ; radius and ulna bent outwards at the lower ends; the wrist-joints much enlarged and stiffened; thighs curved outwards; knees turned inwards; the tibia and fibula bent very much forwards about the lower third, and the feet turned outwards. Tongue foul, appetite impaired, abdomen hard and distended; stools loose, frequent, and very offensive; excessive restlessness at night, chiefly arising from toothache, with which the child is incessantly tormented; constant cough, with rattling of mucus in the chest, and difficult respiration; general atrophy, and extreme exhaustion. The case had been given up, by the usual medical attendant, as perfectly hopeless. Happening to be in the neighbourhood at the time, I was requested to go and see the child. I found her in the state as above described, and feared that there was not the most distant prospect of averting speedy dissolution—which result seemed indeed, de-

sirable, from the prolonged and hitherto irremediable suffering of the child. At the earnest solicitation of the parents, however, I was induced to prescribe; and accordingly left two powders of arsenicum, 30, each to be separately dissolved in a wineglassful of water, a teaspoonful to be administered four times a-day; and requested them to report to me when the medicine was finished. From the favourable intelligence which I received, I repeated the arsenicum as before; and five days afterwards I was informed that the improvement had continued; the diarrhœa had ceased, the appetite improved, the sleep more tranquil, and the patient's strength increased. Sulphur 30, was then administered for a fortnight; at the expiration of which the report was, that the patient was improved in every respect; the cough had diminished; the child no longer suffered from toothache; gained flesh; and had acquired so much strength as to be able to stand unsupported. Sulphur, 30, as before. At the expiration of another fortnight, the patient was reported to be speedily improving, and was able to walk round the room, on supporting itself by the chairs; is very cheerful; eats and sleeps well. Calcarea, 18, was then prescribed, and, subsequently, cina,—the motions had become somewhat relaxed, and were observed to contain numbers of ascarides, the appetite was ravenous, and the temper of the child fretful and capricious. This remedy was followed by the desired results; after which, sulph. 6., calcarea, 18., and silex, 30, were administered alternately, at intervals of five days. Having again had occasion to visit that part of the country where the child resided, I called to see it; and was much surprised and highly gratified at the remarkably improved state in which I found her, after having been four months under the homœopathic treatment. The spinal curvature was materially diminished, and the dorsal tenderness completely removed; the twisted bones of the extremities had become much straighter, and the enlargement of their epiphyses very much reduced; the capacity of the thorax increased, and the head no longer sunk down between the shoulders, with the chin resting on the superior border of the sternum; no cough or mucus rattling in the chest; appetite natural, digestion

good, bowels regular, and the abdomen no longer hard and tumid; the previously flaccid and attenuated muscles had now become firm and well developed, for a subject of the age of the patient, and she was perfectly able and willing to run about like other children. The same medicines were continued, with the occasional intermediate administration of *mercurius*, *assa.*, *pulsatilla*, *belladonna*, and *dulcamara*: the two former to combat the original affection, and the three latter for the same purpose, but also to remove incidental derangements of the digestive functions, and accessions of common catarrh. I saw the child again four or five months afterwards, and she seemed in perfect health; the deformity remaining was of a trivial nature, and chiefly confined to the inferior extremities, and this was, in a great measure, attributable to the difficulty which was experienced in preventing the child from constantly getting on her legs when she had acquired the use of them, before they were sufficiently strong to bear the superincumbent weight.

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#### A CASE OF EPILEPSY.

By S. C. DAVIDS, M.D., Exeter.

H. T., aged 35 years, spinner, but now doing nothing, has been subject to epileptic fits for the last nine years continuously; when six years old, had two fits after an attack of the scarlet-fever. He has frequently been under medical treatment, but hitherto without any beneficial effect. On the 29th of Aug. 1842 consulted me.

The fits came on every six weeks. Just before the attack he is either very lively or very low; then begins to have a headache, and dizziness and singing in the head; gradually the head begins to swim, and the features become distorted; he then drops down, the countenance assuming a blackish hue; difficulty of breathing supervenes, with foaming at the mouth; the trunk of the body, arms, and legs turning round; he tosses about; the surface of the body feels quite cold, and loses all sensation; continues in this state from five to ten minutes, when he recovers himself, not knowing what was past, but feels a headache and weariness. The fits generally



come on at night, and continue on and off a day or two. They have been getting worse of late ; his memory is much affected ; he is also affected with difficulty of hearing, especially the human voice. *Sulphur* was prescribed.

Sept. 12. Feels pretty well ; has escaped the attack of a fit which he was expecting to have ; complains of a slight headache ; ears are rather stopped. *Graph.*

19th. Looks quite lively and cheerful ; feels better than he has been for some time ; has a little discharge from the ear. *Sil.*

Oct. 3d. The fits have returned to-day, being nine weeks and a half since the last attack, three weeks and a half later than usual. *Bell.* afterwards *Sulph.*

10th. Improving in general health again, but the hearing is bad. *Graph.*

17th. Has had a little diarrhœa, which continues. *Ars.*

21st. Diarrhœa has got well, but the hearing is much the same. *Sil.* and *Graph.* alternately.

31st. Has been chilled by wet weather. *Dulc.*

Dec. 2d. Hearing better ; general health pretty well. *Sulph.*

9th. Has caught a cold. *Nux vom.*

15th. Well of the cold. *Sulph.*

26th. This morning had a slight fit, being about three weeks later than the last time, and six weeks later than the first time. *Merc. Sulph.*

Jan. 11th, 1843. Better in all respects, even hearing improved. *Sulph.*

Feb. 20th. Since he has taken two doses of *Nux vomica* for constipation and a cold, now complains of trembling in the limbs, sore throat, and a little cough at night. *Bell.*

March 6th. Better in all respects, but very deaf. *Ant. Crud.*, then *Sulph.* occasionally.

July 3d. Continues better ; an eruption has broken out, which feels hot and itchy when getting warm. *Merc.*

10th. The eruption has disappeared ; feels well in every respect. *Sulph.* occasionally.

26th. Has caught cold, and is troubled with constipation. *Nux. vom.*, afterwards *Sulph.*

Aug. 12th. Complains of pains in left side and feverishness ; uneasiness when taking a long breath. *Acon.* and *Bry.*

14th. Two nights ago had a recurrence of the fits, but it was so light, as to amount only to a fainting fit this time, having been nearly eight months free from them ; bowels rather constipated.

Sept. 9th. Has been pretty well since the last visit ; has a few glandular swellings in consequence of a cold. *Merc.* and *Bell.* alternately.

15th. Complains of a cold with hoarseness. *Carb. veg.* then *Sulph.*

Nov. 24th. Has an itching in the skin, with small boils. *Bell. Sulph.*

30th. Well of the above symptoms ; now complains of pain in the side when breathing. *Bry.* and *Bell.*

Dec. 8th. Has sharp pains in the chest and left side, also in the loins, which are very severe. *Acon. Lyc.*

15th. Pain quite gone, now troubled with flatulency. *Puls.* then *Sulph.*

Jan. 15th, 1844. Has taken lately *Acon.*, *Bry.*, and *Lyc.*, for slight affection of the chest and pains in the back.

24th. Feels quite well in every way, and has had no fits since that slight attack which was reported on the 14th of August.

June 20th. Three days ago the patient came to shew himself, stating that he had been free from the fits for nearly twelve months.

\* It is much to be regretted that there is no mention made of the doses of the medicines employed in this very interesting case.—EDITORS.

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## REVIEWS.

*Materiellen zu Einer Künftigen Heilmittellehre durch Versuche der Arzneien an Gesunden Menschen Gewonnen und Gesammelt von Dr JOHAN C. G. JÖRG, Ordentlichem Professor der Geburtshülfe an der Universität zu Leipzig. 1825.*

*Contributions to a future Materia Medica, from Experiments with Medicines on Persons in Health, obtained and collected by Dr JOHN C. G. JÖRG, Ordinary Professor of Midwifery at the University of Leipzig.*

[Continued from page 50 of this volume.]

We have said, that we quite agreed with Professor Jörg, in believing that what we wanted in every case to enable us to effect a cure, was a true antagonist or contrary to the disease to be cured, but that we differed as to the best means of procuring this contrary; for while Jörg recommends the application of substances whose primitive effects are opposite to those of the diseased state, we prefer substances whose primitive effects resemble the symptoms of the malady, finding, experimentally, that they effect a more speedy cure. The explanation of the apparent contradiction is, that, as the secondary effects of a substance are the opposite of the primary, they must necessarily be the opposite of what resembles the primary, that is the disease. At the same time, we look on this as an explanation of the fact, that *similia similibus curantur*, and do not found the rule upon this belief. One great and obvious advantage of the homœopathic over the antipathic maxim is, that we can much more readily obtain medicines whose operations resemble morbid action, than those of an opposite character. It is the difficulty of obtaining contraries that has prevented the maxim of *contraria contrariis* being generally acted upon. Finding it impossible to obtain a pure antagonist to the diseased action, physicians proceeded to imagine a cause of diseased action which they might oppose by their medicines, and when they were combating with phantasmagoria—derangement in the humours, want of radical moisture, and such

like—they imagined, all the time, they were acting on the principle of "*contraria*." And a divergence into the hypothetical region of pathology of necessity induced a corresponding divergence in therapeutics. When it was necessary to dry up radical moisture, it became necessary to endow medicines with this power. Now, mark the consequence of a return in therapeutics to pure observation—to the observation of the effects of simple drugs. It forces us to the conclusion of Professor Jörg, that practitioners most commonly prescribe medicines which have no direct antagonistic relation to the disease; and that they have consequently no rule by which they can know how much the patient will be injured by medicines so prescribed. And yet we hear re-echoed on every side that dull chaunt, "We, the true believers in Hippocrates, and in his glorious maxim, *contraria contrariis curantur*, despise and excommunicate all who do not abide by this great rule." It would appear from the best evidence of their own shewing, that they ought to begin by despising and excommunicating themselves. For, certainly, in the sense that Hippocrates meant it, there is nothing less common than adhering to the directly contrary method of treatment. To this method, if it be practicable, we have no objection; but it is propounded by Jörg merely theoretically, he does not establish it by positive proof, as Hahnemann does his method: and after he has shewn that it is a method but little employed by practitioners, he cannot fall back on the general results of medical practice.

To recapitulate: we agree with Professor Jörg in all the conclusions established by experiments, on the necessity of proving medicine on the healthy, on the uniformity of the action of medicine, on the propriety of giving doses at considerable intervals, and the necessity of giving very minute doses when adopting the method of "*similia similibus*." We differ from him only when he exchanges the character of an experimentalist for that of a speculator. He maintains, we should look for contraries—we maintain we should look for similars. On this point we claim the decision of direct experiment; and we shall find the refutation of his proposition, and the establishment of ours, nowhere better developed than in his

own experiments upon the pathogenetic effects of drugs whose curative powers are recognised.

We shall, for the present, confine ourselves to the examination of two of the substances, the provings of which Jörg has given, that our readers may be made acquainted with the method he adopted in testing the properties of drugs, and in a future number we shall probably give copious extracts from his other provings.

While conducting the experiments, neither he nor his companions adopted any peculiar diet. We get a glimpse of a German Professor's "menage" in this account of himself. On rising in the morning between five and six o'clock, he would take a couple of cups of coffee with milk; between seven and eight, a little bread and butter; about one o'clock some soup, with boiled or roasted meat and some vegetables, and the same formed his evening repast at eight or nine o'clock, along with half a bottle of light wine at each of these latter meals. The students who assisted him, he observes, were not in the habit of drinking wine; no stronger beverage than light beer: and he found that he was as susceptible of the action of a medicine as the most abstemious among them; and believes that had he abstained from any of his accustomed articles of food, he would have induced so great a disturbance in his health, as entirely to confuse the result of the experiment. We doubt much if this very important fact is sufficiently attended to either by experimentalists or by practitioners. The strict prohibition of tea and coffee to patients who have been used to them all their life may be necessary; but let it be remembered, that, from the disturbance it produces in the system, it ought to be reckoned as positive treatment; and we should draw no conclusions in regard to the effect of medicines upon patients until the effects of the sudden abstinence have gone off. The subject of diet is one of immense importance, and one in which speculation is of very little use; we must have a series of well-devised and extensive experiments to determine the most eligible and the most injurious kinds of diet for various persons.

In his experiments, Professor Jörg was assisted by twenty-one young men, chiefly students, or recently graduated physi-

cians, and three females; and the experiments seem to have been made under his own eye. There was a very great difference in the effect produced on the different provers by nitre; on some it made very little impression, even when taken in large doses. The person on whom it produced its most decided characteristic effects, was a young man of a robust constitution, melancholic-choleric temperament, of the name of Assman. We shall give a minute account of his trials of nitre, as this may prove useful to our readers practically, by affording some hints for the employment of the substance, as well as affording a good example of the manner in which the members of this society made and recorded their experiments.

“ A little after 8 o'clock in the morning of the 19th June 1823, Herr Assman swallowed a drachm of *Nitrum depuratum* dissolved in an ounce of water. He had taken shortly before only a little dry bread for his breakfast. Shortly after he had taken it, a slight burning pressing pain in the stomach was experienced, which gradually increased until it became dull and boring. A little after half-past eight o'clock, a moderately severe cutting pain extended along the track of the intestines, so that the experimenter could accurately determine the progress of the substance by the portion of intestine affected. At the same time much flatus was expelled, attended with a desire to go to stool, some pyrosis, and gentle heat of the surface of the body. About nine o'clock he had a stool of normal consistence. About this time the desire to urinate became much increased, the urine requiring to be discharged every ten minutes, while only a very little flowed at each time; the whole quantity, however, was much greater than natural, as appeared after a few hours, although the evacuation each time was very small.

“ While these symptoms still continued, Assman swallowed, about twelve noon, a drachm of nitre in an ounce of water. Upon this there followed eructations, nausea, yawning, fretfulness, heaviness of the head, and general headache. It was not until evening that these symptoms were somewhat lessened; during the night even he was disturbed, and enjoyed only an occasional and heavy sleep. The whole of the following day there remained want of appetite, with increased hunger, pressing and burning, with occasional severe stitches, in the stomach, besides a sense of weight and fulness in the epigastrium, and a general lassitude in the whole body. The alvine and urinary secretion followed naturally this day. On both days the thirst became very great, but the experimenter avoided drinking as much as possible.

“ On the 29th of June, at nine o'clock in the morning, Assman swallowed two drachms of nitre in an ounce of spring water, after he had eaten nothing but a little dry bread. The substance had scarcely reached

the stomach before it produced frequent eructation and much nausea, which did not go the length of vomiting; afterwards griping in the bowels was felt, at first slight, but which afterwards increased in severity. About the same time a considerable inclination to go to stool was experienced, relieved about ten o'clock by an evacuation, natural in its consistence. Notwithstanding this, the inclination continued the whole day, although from ten o'clock in the morning the urine had been incessantly and copiously passed. On this day also there was severe and continued thirst, with almost total loss of appetite, so that the evening meal was not at all relished. The bodily restlessness permitted but little sleep on the following night. On the following day, the 30th of June, the experimenter felt enlargement of the salivary glands, especially of the sub-maxillary; constant heaviness and pain spread over the whole head (although he was not accustomed to suffer from this kind of affection of the head), and there was weariness of the whole body. On this day there formed in the face, and in different parts of the skin, small vesicles, which afterwards became pustular. Upon this day the pulse beat full, hard, and quick, and the whole condition approached manifestly to an inflammatory irritation of the whole body, but especially the intestinal organs.

"It was not until three days after taking the medicine that the sense of health returned, and then the increased urinary and alvine discharges were not followed by diminished, but by natural evacuations.

"The urine was quite transparent, clear, and slightly yellow. It became slightly clouded after standing for about twenty-four hours."

After a full detail of all the other experiments, Professor Jörg gives the following summary:—

"After so many experiments, I may venture to determine with precision the medicinal properties of purified nitre. It excites the kidneys, the intestines, and the skin. By virtue of its action on the kidneys, it naturally increases the secretion of urine; the diuretic is the most certain property of the drug. Through its property of exciting the intestines [?] it acts more or less upon the mouth and pharynx, producing dryness in the mouth and a feeling of thirst, hunger and pain in the stomach (such a pain as attends inflammation), eructations, and in larger doses vomiting, pressing or cutting in the ileum, borborygmus, escape of flatus, relaxation of the bowels, occasionally constipation, when its operation is especially directed to the ileum, the kidneys or the skin. But it is obvious that it must act upon the colon, from the frequent desire to evacuate the bowels when there was nothing to discharge. Although it is not to be denied that nitre increases the functions of the skin, particularly its transpiration, yet it is clear, from our experiments, that this is among the rarer effects; while in any given case this substance effects its threefold operation upon the skin, kidneys, and intestines; yet there remains this peculiarity, that when used in moderation, it produces no secondary bad effects, and does not affect other organs. It is only when

given in very large doses that it produces vertigo, headache, and confusion of the brain. Nitre has, however, a subsidiary effect (*nebenwirkung*), which having hitherto been too highly esteemed by the profession, has induced them to order it in cases for which it was quite unsuited. If it be taken immediately after it has been dissolved in water, it cools the mouth and gullet, and sometimes also the stomach for a few minutes. To this primary effect, there shortly succeeds the secondary, which is a great increase of heat, and the greater the decrease of temperature at first the greater the elevation that succeeds. The slower the pulse after swallowing the nitre, through its cooling effect, so much the more does it gain in frequency when the reaction of the body gains the mastery.

*"From this secondary effect it follows that nitre is not, and cannot be, an antiphlogistic."*

This presents a remarkable contrast to the observation of another learned Professor, whose work is in great repute in this country. "It follows," says Professor Pereira, "from what has been stated of the physiological effects of nitre, that this substance is indicated when we wish to diminish the preternatural heat, and to reduce the force and frequency of the pulse, as in febrile disorders, inflammatory affections," &c. \* \* \* (Pereira's *Elements of Materia Medica and Therapeutics*, last edition, p. 511.)

How very satisfactory this must be to the allopathic practitioner, more especially as Pereira most approvingly alludes to Professor Jörg! The compiler flatly contradicts the practical proposition maintained by the experimentalist.

Jörg's conclusions, indeed, when viewed in the light of his introductory doctrine, cannot fail to strike one as lame and impotent in the extreme. He condemns the practice of giving medicines upon a general indication, and tells us we should find a true "contrary" to the diseased action. Let the reader cast his eye over the morbid effects of nitre as above detailed, and then try in how many instances he could name a true opposite of the symptoms induced.

Let us now pass on to the consideration of another substance examined by Professor Jörg. In noticing his proving of nitre, we made no allusion to the homœopathic proving of that drug, because, as that was made after Jörg's book had appeared, the results he obtained were transferred to the *Materia Medica pura*, and therefore we could not institute a comparison between the observations of Jörg and those of homœopathic



provers upon that medicine. The substance we propose to examine next had been proved by Drs Franz and Gross\* before Jörg undertook its investigation; so that, as we cannot suppose the operation of the medicine upon the professor and his twenty-one sturdy youths to have been influenced by the previous homœopathic trials, we must look upon the two sets of experiments as quite independent. A comparison of the two will be found most satisfactory to the homœopathic school, as it shews the literal correspondence of all the important groups of symptoms; while, at the same time, it indicates more nicety in perception, and accuracy in expression, on the part of the homœopathic observers, than on that of Jörg and his pupils.

The experiments were made much in the same way as those with nitre, and the effect upon each of the individual provers is separately detailed. It appears from this detail—as, indeed, from all similar details—that there is an immense difference of susceptibility in different persons in health to the action of medicinal substances; so great a difference, that it is quite impossible to say beforehand how much one person will be affected by a medicine that powerfully operated upon another; or, indeed, whether he will be affected at all. This fact, established beyond a doubt, puts an additional difficulty in the way of obtaining anything like certain results from medicines, unless the susceptibility of the system to the action of the particular drug exhibited be specifically intensified by disease, as is the case in regard to all homœopathic medicines. But even in homœopathic practice, we know experimentally that there is a great variety in the curative efficacy of the same amount of a substance in different persons; and not until homœopaths unite in registering their observations in some common and well-adapted form, can we hope ever to arrive at anything like a certain law whereby the proper dose of a given substance may be positively anticipated. Although there is great difference exhibited in the effects of the drug we are about to consider—Valerian,—yet there is sufficient similarity to establish its principal physiological effects. These effects we shall arrange in such a way that those obtained by Jörg may be readily compared with those obtained by Franz and Gross.

\* Archiv für die Homœopathie, Bd. li.

*Head.*

JÖRG.—Rush of blood to the head, with a sense of fullness under the skull.

Frequent attacks of pressive headaches, sometimes on the one side, sometimes on the other side of the head.

FRANZ and GROSS.—Pain in the head which left a sensation of having received a blow upon the skull, a stupifying sense of constriction.

Intermittent dull pains in the right temporal region.

The first effect of valerian is increased rapidity of the circulation, and *congestion of the head.*

*Stomach.*

JÖRG.—Sense of fullness of stomach without eructation, passing into violent hunger (*heiss-hunger*).

After the sense of hunger passed off, a sense of fullness of stomach and intestines, and a peculiar nauseating tickling irritation, rose continually without any eructation, and destroyed all appetite.

FRANZ and GROSS.—Nausea, preventing appetite for dinner.

Severe hunger, so as to feel a sense of sickness in the stomach (*heiss-hunger*).

Nausea ; weakness of the stomach.

*Abdomen.*

JÖRG.—Slight cutting pains in the bowels about the navel ; distension of the intestines.

FRANZ and GROSS.—The whole evening pain up and down the belly, which remained stationary for an hour at the navel. Sense of extreme distension of the abdomen as if it would burst.

*Stool.*

JÖRG.—Frequent stool with straining, and small in quantity.

FRANZ and GROSS.—Frequent stools. After stool a sensation in the anus as if diarrhœa would commence ; after this he had a natural evacuation.

*Urine.*

JÖRG.—Urine very bilious, but natural in quantity.

FRANZ and GROSS.—Frequent micturition.

*Sleep.*

JÖRG.—Restless sleep; kept awake by pain. Many dreams and much perspiration.

FRANZ and GROSS.—Sleep disturbed by anxious dreams. Much perspiration.

*Pulse.*

JÖRG.—Four or five beats quicker in the minute.

FRANZ and GROSS.—Increased rapidity of the pulse.

Anxious hypochondriacal sensation of strangeness and loneliness, instigating him to leave the room.

Such, then, are the characteristic symptoms produced by this substance as observed by two sets of experimentalists, wholly independent of, and opposed to, one another, so that the correspondence of their evidence may be considered as amounting to positive proof of the truth of their statements. Taking for granted that the effects above described are the important and characteristic ones of the medicine, it would be somewhat puzzling to mention any disease or any disorder of the system which presented groups of phenomena diametrically opposite to the medicinal symptoms. And assuredly the most ingenious man alive might expend a lifetime in guessing, before he arrived at the conclusion of Professor Christison, "that its most important application is in the treatment of *Hysteria*; and it is here a remedy of undoubted service, especially in the milder forms, and for removing the restlessness and irritability which occur in hysterical constitutions." (*Dispensatory*, p. 934). What an extraordinary paradox is this! is a rush of blood to the face, a one-sided headache, excessive flatulence, nausea, restlessness, want of sleep, copious perspiration, a quickened pulse, spasmodic and flatulent pain in the bowels,—are these the effects which a disciple of the so-called school of Hippocrates—the believers in the maxim, *contraria contrariis opponenda*—would conjure up to oppose the symptoms of *Hysteria*? Really it would defy the sagacity of Œdi-

pus to explain how the most humorous of men could, by any possibility, perceive, in the symptoms of Valerian, anything *contrary* to the symptoms of Hysteria. It is fortunate for us that, among all the difficulties that beset the homœopathic system, we have not the mortifying consciousness that we cannot make our conduct square with our professed belief. If we begin by adopting the vaunted principle of *contrariety*, we must conclude that it is very wrong to prove medicines in the healthy, because it condemns all our practice, and would lead to a kind of professional hypocrisy; present experiments on the action of drugs pointedly contradicting past experience of their efficacy; our creed obliging us to declare that medicines did good by producing effects contrary to the disease they cured, and our observation and experience obliging us to select remedies in which it was utterly impossible to detect one single point of contrariety; but, on the other hand, the most obvious similarity. But let us, for the Galenic maxim of *contraria contrariis*, substitute the Hahnemannic one of *similia similibus*, and the whole mystery is cleared. Recent experiments thus throw light upon past experience, reconcile all contradictions, and by affording us so satisfactory a key to the success of former practice, give us confidence in it as the clue that will conduct us through the labyrinth of new and embarrassing diseases we may yet have to encounter.

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*Ein Blick auf Hahnemann und die Homœopathik.*

Von ERNST VON BRUNNOW. Leipzig, 1844.

*A Glance at Hahnemann and Homœopathy.* By EARNEST VON BRUNNOW. Leipzig, 1844.

Count Brunnow is already well known as the able translator of the *Organon* of Hahnemann into French; and this little work before us shews him to be a man of an observing and independent mind. The *brochure* begins with a notice of the early part of the life and writings of Hahnemann; and in this we find nothing sufficiently new to warrant extraction; but a little farther on he gives so interesting a glimpse of the

social and domestic life of our great reformer, that we shall lay it before our readers as nearly as possible in the words of the writer.

It was on a clear spring day of the year 1816 that I, a young newly enrolled student of law, sauntered with some of my companions along the cheerful promenade of Leipzig. Among the teachers of the university, were to be found at that time many notables, and not a few originals. Many a professor and master stalked gravely along in the old fashioned dress of the former century, with peruke and bag, silk stockings and buckles on his shoes, while the pampered sons of the landed gentry swaggered about in hussar jackets and pantaloons ornamented with points (*treffen-besetzen*), or in leather breeches with high dragoon-boots and clinking spurs.

"Tell me," said I to an older student than myself, who was walking with me, "who is that old gentlemen with so extraordinarily intelligent a countenance, who walks respectfully arm in arm with his somewhat corpulent spouse, and is followed by two pair of rosy girls?"

"That is the celebrated Doctor Hahnemann with his wife and daughters. He takes a walk regularly every afternoon round the town with his wife and daughters," was the reply.

"What," rejoined I, "is there about this Hahnemann that makes him celebrated?"

"Why he is the discoverer of the homœopathic system of medicine, which is turning old Medicine topsy-turvy," replied my acquaintance, who, like myself, was from Dresden, and had also enlisted himself under the colours of *Themis*.

My curiosity was excited, and I wished to know something more about him. My companion belonged to the enthusiastic admirers of Hahnemann, who attended his lectures, and gladly assisted in the proving of medicines. Every thing he told me about the remarkable man excited my interest in the highest degree. From my childhood I had been delicate, and a victim to physic, so that my confidence in medicine was very frail. Besides other grievances, I suffered especially from my eyes, which I required at that time most especially. Impelled by hope, I read the *Organon*, and was more and more taken with Homœopathy at every line. It was the first medical book I had had in my hand, so that it did not strike me at that time that doctrines which appeared so clear, supported by reasoning so consistent, might yet be too exclusive in their character, and have their dark side. I was a zealous proselyte, and, like all neophytes, admitted no salvation beyond the pale of my own church. I made the resolution by putting myself under Hahnemann's treatment.

Hahnemann, at that time, was in his sixty-second year. Locks of silver-white clustered round his high and thoughtful brow, from under which his animated eyes shone with piercing brilliancy. His

whole countenance had a quiet, searching, grand expression ; only rarely did a gleam of fine humour play over the deep earnestness which told of the many sorrows and conflicts endured. His carriage was upright, his step firm, his motions as lively as those of a man of thirty. When he went out, his dress was of the simplest ; a dark coat, with short small clothes and stockings. But in his room at home, he preferred the old household, gaily-figured dressing-gown, the yellow stockings, and the black velvet cap. The long pipe was seldom out of his hand, and this smoking was the only infraction he allowed himself to commit upon his severe rules of regimen. His drink was water, milk, or white beer ; his food of the most frugal sort. The whole of his domestic economy was as simple as his dress and food. Instead of a writing-desk, he used nothing but a large plain deal table, upon which there constantly lay three or four enormous folios, in which he had written the history of the cases of his patients, and which he used diligently to turn up and write in while conversing with them. For the examination of his patients was made with all the minuteness of which he has given an example in the "*Organon*." \* \* \*

A very peculiar mode of life prevailed in Hahnemann's house. The members of his family, the patients and students of the university, lived and moved only in one idea, and that was Homœopathy ; and for this each strove in his own way. The four grown-up daughters assisted their father in the preparation of his medicines, and gladly took part in the provings ; and still more this was done by obliging students whose names will be found carefully recorded in connection with their individual observations in the "*Materia Medica pura*." That these experiments were not at all injurious to those engaged in them, I can testify from personal observation. The patients enthusiastically celebrated the effects of Homœopathy, and devoted themselves as apostles to spread the fame of the new doctrine among unbelievers. All who adhered to Hahnemann were at that time the butt of ridicule or the objects of hatred. But so much the more did the Homœopathists hold together, like members of a persecuted sect, and hung with more exalted reverence and love upon their honoured head.

After the day had been spent in labour, Hahnemann was in the habit of recruiting himself from eight to ten o'clock, by conversation with his circle of trusty friends. All his friends and scholars had then access to him, and were made welcome to partake of his Leipzig white beer, and join him in a pipe of tobacco. In the middle of the whispering circle, the old Æsculapius reclined in a comfortable arm-chair, wrapped in the household dress we have described, with a long Turkish pipe in his hand, and narrated, by turns, amusing and serious stories of his storm-tossed life, while the smoke from his pipe diffused its clouds around him.

Next to the natural sciences, the condition of foreign nations formed a most favourite subject for conversation. Hahnemann had a special

fondness for the Chinese, and for this reason, that among them the children were educated in the strictest obedience and respect for their parents,—duties which, in the civilized countries of Europe, were becoming more and more neglected. Indeed, the family of Hahnemann presented a pattern of the old German system of training children. The children did not display only obedience, but the most hearty love towards their parents. Although living in the luxurious and elegant Leipzig, yet the daughters of Hahnemann took no part in any public amusement: they were clad in the simplest fashion, and undertook most cheerfully the humblest household services. Hahnemann had but little satisfaction from his son, who led so foolish a life in the place where he was settled, as to be obliged to quit it. His father never mentioned him.

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From his pupils, Hahnemann exacted not only intelligence and diligence, but the strictest propriety of life. I know of one case, in which he peremptorily closed his door against a young and talented medical student, whom he discovered to be living with a person of loose character.

During my latter years at Leipzig, Hahnemann's prospects were somewhat overclouded. His flourishing practice, and numerous adherents, had become too alarming to his adversaries not to prompt them to take such active measures for his suppression as lay within their power. The implement to effect this was, naturally enough, the laws against his dispensing his own medicines. The matter was brought before the courts of medical jurisprudence, and from them Hahnemann appealed, and the decision was delayed.

At this time, one of the heroes of the German war of liberation, the Austrian field-marshal, Prince Schwarzenberg, had become affected, besides other complaints, with an apoplectic palsy of the right side, and for this he had tried the skill of all the most eminent physicians in vain. Homœopathy alone had not yet been tried, and to enable him to get all the advantage of the new system, he came to Leipzig, to place himself under Hahnemann's own eye. The first consequence of this honourable tribute to Hahnemann, was the suspension of the process the apothecaries had commenced against him. Had Prince Schwarzenberg recovered, then had homœopathy enjoyed an immediate triumph in Saxony, and even in all Germany; but every art has its limits. Hahnemann undertook the case, as a desperate one, on which he could try the effects of homœopathy. To the astonishment of all, the patient felt himself better from day to day; and he was seen driving about after a little time; but the powers of life had been too much weakened to permit of his recovery. The former malady returned, and the Field-marshal died in the same town, into which, in the same month of the year 1813, he had entered as a conqueror. Although the dissection proved that no medical skill could, by any possibility, have been successful in the case, yet the issue of it was very injurious to Hahnemann. The suspended

process was immediately resumed, and it was decided that Hahnemann must give up the dispensing of his own medicines."

The consequence of this was, that he had to leave Leipzig, and seek the protection of the Duke of Anhalt Köthen. Here the personal reminiscences of Count Brunnow close; and as the rest of the work is compiled from materials already familiar to our readers, we need quote no farther; but may observe, however, that should any one translate the *brochure*, we have no doubt it would be popular, and do good service to the cause.

## MISCELLANEOUS.

### PATHOGENETIC FRAGMENTS.

NOTICE OF THE *PODOPHYLLUM PELTATUM*. By W. WILLIAMSON, M.D., Philadelphia.\*

The fruit is esculent, the leaves and root are poisonous. The root contains resin, mucilage, colouring matter, extractive ligneous fibre, and a small quantity of insipid substance, soluble in sulphuric ether, and crystallising from its solution in minute acicular crystals.

Six drachms of the extract were made from two ounces and a half of the leaves, and formed into pills of two grains each.

1st experiment.—One pill was taken; the pulse fell from 76 strokes in a minute—its natural rapidity—to 65 strokes, and continued so for about two hours.

2d experiment.—Two pills were taken; pulse was 74, full and strong; in one hour it had diminished to 61, and two hours after it was still 61.

3d experiment.—Three pills were taken; pulse was 76, full and strong; in one hour it had diminished to 64, and in two hours more it remained the same.

A decoction was made by putting two ounces of the leaves to one quart of water, and boiling it down to eight ounces. At 9 o'clock P.M. half of it was given to a full grown dog, and in thirty minutes the remainder. In ten minutes after the last dose the pulsation of the heart was very weak, and from 50 to 55 strokes in a minute; copious salivation was produced, but no narcotic effect; at 10 and 12 it vomited, and next morning it was found dead.

GENERAL SYMPTOMS.—Sudden shocks of jerking pain. All the symp-

\* Abridged from the *Homœopathic Examiner* for November 1843.



toms are aggravated in the morning, and better in the evening. Restlessness. Somnolence early in the evening. Sound sleep at night. Distress after the first sleep. Rising in bed without awakening. Restless sleep of children with whimpering. Skin moist, but permanently warm. Sleeping with the eyes half open, and moaning. Softness of the flesh, and debility of children.

**HEAD.**—Giddiness and fulness of, over the eyes. Dulness and headache, with sleepiness, in the morning. Momentary darting pains in the forehead, obliging one to shut the eyes, attended with giddiness. Pain on the top of the head when rising in the morning. Pressing pain in the temples in the forenoon, with drawing in the eyes as if strabismus would follow. Stunning headache through the temples, relieved by pressure. Delirium and loquacity during fever, with excessive thirst. Rolling of the head during dentition in children.

**EYES.**—Smarting in the eyes. Drawing sensation in the eyes, attending pain in the head.

**MOUTH.**—Copious salivation. Offensive odour from the mouth. Breath offensive in the night, perceptible to the patient. Soreness of the mouth. Throat dry, with the taste of liver in the mouth at night.

**APPETITE.**—Voracious appetite; thirst towards evening.

**STOMACH.**—Sourness of the stomach. Acid regurgitations. Acidity in the afternoon, an unpleasant sickly feeling in the stomach. Nausea. Incessant vomiting, with fulness in the head. Stitches in the stomach from coughing. Diarrhoea immediately after eating or drinking. Regurgitation of food. Extreme nausea. Vomiting of food immediately after a meal, and craving appetite immediately afterwards. Sensation of hollowness in the epigastrium. Heartburn. Burning in the stomach. Eructation of hot wind, which is very sour. Gastric affections attended by depression of spirits.

**ABDOMEN.**—Fulness in the right hypochondrium, with flatulence. Stitches in the right hypochondrium, worst whilst eating. Sensation of weight and dragging in the left hypochondrium close under the ribs. Retraction of the abdominal muscles. Pain in the bowels at daylight in the morning, which is relieved by external warmth and by lying on the side and bending forward, and is aggravated by lying on the back. The pain at first is attended with coldness, which is followed by heat and warm perspiration. Heat in the bowels accompanying the inclination to go to stool. Twisting pain in the right hypochondrium, accompanied with heat. Chronic disease of the liver, attended with costiveness.

**STOOLS AND ANUS.**—Diarrhoea early in the morning and in the forenoon. Evacuation of green stools in the morning. Natural stools in the evening. Evacuations in the morning attended with strong pressing in the abdomen, with heat and pain in the anus. Sensation of mucus in the anus. *Prolapsus ani* of long standing. The bowels descend from a little exertion which is immediately followed by stool, or a discharge of thick transparent mucus, or it is yellow or mixed with blood. This occurs

most frequently in the morning. Six to eight stools a-day. Constant pain in the back ; worse during evacuation, and particularly when beginning to move after stool.

Frequent chalk-like stools, which are very offensive. Blueness below the eyes. Frequent gagging (?) and incessant thirst. Striking pains above the pubes and in the course of the left spermatic cord.

RESPIRATORY ORGANS.—Cough attended with remittent fever. Pains in the chest and in the sides. Palpitation of the heart. Sensation in the chest, as if the heart were rising up. The sensation ascends to the throat. Deep inspiration. Sighing.

LOINS.—Pain in the small of the back when walking or standing, with the sensation of the back bending inwards. Pain in the back increased by a false step, or walking over uneven ground. Pain and weakness in the left hip like rheumatism from cold, which is increased by going up stairs.

*Therapeutic use.*—It has been found useful in mercurial rheumatism, bilious fevers, pleurisy, and scrofulous complaints. It is recommended in hypochondriasis, indigestion, headache from indigestion, diarrhoea, dysentery, prolapsus ani, hæmorrhoids, colica pictorum, intermittent and remittent fever, dropsies, diseases accompanied by a slow pulse, pleurisy, pyrosis, cholera infantum.\*

## PRACTICAL NOTICES.

### ON THE USE OF TUSSILAGO PETASITES IN GONORRHOEA.

By Dr ROSENBERG of Pesth.

A preparation of this plant has long been used as a secret remedy with great success in gonorrhœa. Dr Rosenberg with difficulty discovered the plant employed in the nostrum, and made a number of experiments with it. We shall not do more than detail one case, as there is nothing about the other cases sufficiently characteristic to afford a definite indication for the administration of the medicine, and he has not as yet made trials with it on persons in health. However, the subjoined case indicates great specific relation between the plant and the genital organs, and gives great probability to its reputation being well deserved.

N., a house-servant, suffered from chronic disease of the eye, which prevented him earning his bread. All the allopathic remedies had been tried in vain, and he found himself forced to beg. The eyeball was quite clear, only the surrounding glands were red and swollen ; from the eye-

\* We understand that Mr Headland has procured a supply of this medicine from America ; and we shall be glad to have any communications from practitioners in this country, who may try its efficacy.—EDITORS.

lids was secreted a quantity of glutinous substance, with an offensive smell, which united the eyelids. He could not bear any light, as that produced great lachrymation and severe one-sided headache. It appeared from the history of the case, that he had been suddenly cured of a gonorrhœa by his brother, a soldier, who injected turpentine into the urethra. Immediately afterwards, there arose this inflammation of the eye, which has been becoming worse ever since. He was ordered to take morning and evening a tea-spoonful of an infusion of the Tussilago, and on the fourth day of the treatment he felt itching in the urethra, frequent erection, and pain in the testicles. On the tenth day there was established a yellow offensive discharge from the urethra. As this continued and increased, the affection of the eyes diminished, and in the course of a month they were perfectly well. The discharge continued for six weeks, and disappeared after the administration of some sulphur. Since this time the man has enjoyed perfect health, and has resumed his former employment.—*Neues Archiv für die hom. Heilkunst*, Bd. 1st Ht. 2d S. 83.

[Mr Headland, the enterprising homœopathic chemist, has made arrangements for obtaining a supply of this medicine whenever the season of the year permits of it; and we shall feel obliged by any communications respecting either its pathogenetic or curative effects from persons who have made it the subject of experiment.—EDITORS.]

#### ON THE USE OF CINCHONA IN ENLARGEMENT OF THE SPLEEN.

By Dr WEITENWEBER of Prague.

The author of this communication, who is an allopathic physician, begins with the following observation: It is well known that experienced observation had, long before the time of Hahnemann, established the fact, that many medicinal substances had the power of creating those very diseases against which they afforded the best remedies. To this class indisputably belongs the Peruvian bark, when given at improper times, or in improper quantities, since the so-called cinchona disease (*china-seichthum*) offers a strong analogy with intermittent. It has also been observed by V. Hoven and others, that an injudicious administration of china gives rise to an obstinate enlargement of the liver or the spleen, and in accordance with the therapeutic maxim, *similia similibus*, it often proves useful in enlargements of the spleen, which resist the action of all other reputed resolvents. A case lately came under Dr W.'s notice, of a young man of a somewhat cachetic appearance, who had suffered for ten weeks from quartan ague. The patient was pale, his digestion much disturbed, and there was considerable heaviness and fulness in the left hypochondrium, with sensible enlargement of the spleen, but no sensibility on pressure of that part. For five weeks he took the most celebrated resolvents without any benefit. Under the use of china he completely recovered in the course of twenty-four days. For further information upon this subject, the reader is referred to a dissertation by Dr VINC. PACHMANN, entitled *Dissert. de certis peruv., &c., Prag.*, 1830; also to

the works of Prof. SCROFF, *Conspect. morb. qui tract. sunt in Clin. Med., Pragensi*, 1826-27; also to STARK'S *Observ. Med. de Febre Inter.*, lib. iii., cap. 1.—*Oester. Wochen.*, 1844, Marz, No. 12.

#### HYDRIODATE OF POTASH IN THE TREMBLING PRODUCED BY LEAD.

This has been much recommended by MM: Guillot and Melseus, from long experience of its efficacy. They found it useful generally in cases of poisoning with lead. It was generally given in very large doses.—*Echo du Mon. de Savant.*, 1844, No. 24.

### PATHOLOGICAL OBSERVATIONS.

COINCIDENCE BETWEEN ATTACKS OF VERTIGO AND THE PRESENCE OF INFUSORIA IN THE BLOOD. By Professor Dr KLENCKE, of Brunswick.

After Professor Klencke had become well acquainted with the microscopic appearance of his blood, by having examined it almost every day under the microscope, and never having detected in it the slightest trace of infusory animalcules, he became subject to attacks of sudden giddiness, which never lasted above a few minutes at a time, and were more frequent after confinement and intellectual labour. He accidentally examined, under the microscope, a drop of blood immediately after an attack, and observed, besides the ordinary appearance, that almost all the globules hung together like a roll of coin, and small serpent-like or fish-like animalcules, of different sizes, the smaller of which swam about briskly, the larger crawled like larvæ. The smallest were about the third of the diameter of the blood globules, and the larger were about three times as large. The blood globules were likewise of a peculiar yellow colour, some even brown; and no granules could be discovered in their centre. After a quarter of an hour the globules rapidly decreased in size, and became changed into partly regular and partly irregular star-like bodies, with jagged (*gezackten*) edges. The entozoa disappeared, without leaving any trace behind. This appearance was constant. The motions of the animalcules were periodical; those of the lesser ones rapid and round the globules, those of the larger ones slow, and without coming into contact with the globules. A drop of water speedily destroyed all infusory life, and the blood globules became round. Concentrated vinegar dissolved the blood globules, and the entozoa then appeared lifeless, as dark streaks. Iodine made the globules, but not the infusory animals, yellower. Dr Klencke now examined his blood every day, and he found that, shortly before the attack of vertigo, the animalcules were very numerous (5 or 8 to 1000 globules) and lively; shortly after the attack, more languid and tremulous. If Professor K. had no attack from eight to fourteen days, none of these

animalcules were to be seen. When the vertigo was great, there was a preponderance of the larger sort of infusoria. Exercise and drinking cold water ultimately freed the Professor from the attacks of giddiness, and also from the infusoria that infested his blood.

Professor Klencke has observed similar animalcules in other cases, as in that of a man of 40 years old, who suffered from bleeding hæmorrhoids; after the use of sulphur, magnesia, and rheum, and the cure of the hæmorrhoids, these animalcules disappeared. Besides, he detected them in a chlorotic girl, who suffered from pain at the back of the head. Preparations of iron increased the number of the animalcules; drinking water diminished them; they disappeared entirely on the appearance of the catamenia. Lastly, Professor K. has observed them in apoplectic and hypochondriac persons. The blood to be examined was taken from various parts of the body.—*Neue Physiol. Abhandlung von Klencke*, 1843; also *Oester. Med. Wochenschrift*, Juni. 1844, No. 25, p. 679.

#### PARALYSIS CURED ON THE OCCURRENCE OF AN INTERMITTENT FEVER.

By Dr BAILLY.

A man of 40 years old suddenly lost the power of his left hand. There was no cause known, and in other respects the man was in perfect health. Physicians whom he had consulted had treated him in every variety of way; and when he came to Dr. B., he recommended him to do nothing, considering the case as quite incurable. Two months afterwards, the patient returned, complaining of stretching of the limbs, and alternate heat and cold; and for this he got sulphate of quinine, from suspicion of an intermittent. A very severe attack of ague soon followed; and after the first paroxysm, he recovered the use of his little finger; after the second, of the ring finger; and after five, the power of the whole hand was completely restored.—*Archives de la Med. Belg.*, Juin 1843, p. 184.

#### HEMIPLEGIA CURED ON THE OCCURRENCE OF DELIRIUM TREMENS.

By Dr MILLING.

A stout man of 60 years old, much addicted to wine, took an apoplectic fit, which was followed by complete paralysis of the left side of the body. He was bled, and the part was rubbed with *Arnica*, afterwards with *Tart. emet.* and *Canth.*, but without any apparent benefit. After fourteen days, the patient became suddenly affected with trembling of the muscles of the sound side, and then of those of the affected side, attended with delirium, sleeplessness, &c. The trembling of the paralyzed side gradually increased, and with it the power of voluntary motion in the organs of speech, swallowing, and in the extremities. In the course of a few days he could walk with the help of a stick, and in the course of a short time he was perfectly well.—*Med. Zeit. von dem Vereine für Heilkunde in Preuss.* 1844, No. 4.

## THE BRITISH HOMŒOPATHIC SOCIETY.

By the kindness of Dr Quin, we have been favoured with a sight of the proposed laws and regulations of this society; and from the materials afforded by them, we have made the following sketch of the plan and constitution of this association.

CONSTITUTION.—The society is divided into five classes of members.

I. *Inceptive Members*, composed of (a) enquiring medical practitioners not sufficiently advanced to be exclusively homœopathic in their practice; (b) students of medicine who believe in the fundamental doctrines of Hahnemann. These are to pay one guinea of entrance-money, and to subscribe one guinea annually.

II. *Members* must profess a diploma from some recognised university or school of medicine, and openly practise homœopathically in some part of the United Kingdom. They are to pay two guineas of entrance-money, and to subscribe two guineas annually. They have the right of taking a share in all the business of the society.

III. *Fellows*.—Members must have been at least seven years in general, and five years in homœopathic, practice, before eligible for the honour of fellowship. They must have been members of the society for two years, and have written two or more original communications, and at least one dissertation. They pay three guineas annually.

IV. *Corresponding Members* are to be composed of homœopathic physicians residing out of Britain. They are to pay one guinea for admission, and no annual contribution.

V. *Honorary Members*.—Retired practitioners of medicine, or cultivators of auxiliary sciences.

An annual assembly of the society is to be held at London in August.

BRANCH SOCIETIES.—The president may authorize the formation of a branch society at any place in the United Kingdom, at which not less than nine members of the parent society are resident.

No branch society is to be recognised, unless it be formed of practitioners previously elected members of the parent society.

Branch societies to be ruled by the laws of the parent society, but entitled to elect their local officers; and such elections to be intimated to the parent society for registration.

Branch societies have the right of electing inceptive members only, and the qualifications of the candidate must be first approved of by the president of the parent society.

The papers read at the branch societies to belong to the parent society, and not to be published without the authority of the president thereof.

OFFENCES AND PENALTIES.—In the event of difference between members, the parties are entitled to claim the protection of the society; and the president, with a member nominated by each of the disputants,

to decide whether the matter can be amicably adjusted, or infer reprimand or expulsion.

Among the grounds of exclusion and expulsion, the 67th law provides, "that any person who shall announce by handbill, advertisement, or circular, his practice and place of abode; or shall sell any secret remedy or nostrum; or shall publish any detailed cases concealing the employed remedies, such conduct pursued since the foundation of the society, shall deprive the party of the privilege of membership, and, in future, the commission of such offences shall imply expulsion."

The assumption of any unauthorized title by any member, and persistence after admonition, shall infer expulsion.

From this outline may be gathered the plan and design of this society. Its object is to raise the standard of qualifications among homœopaths, and to promote union and good feeling. We hope its results may fulfil the expectation of its founders.

#### HOMŒOPATHY IN VIENNA.

*Extract from the letter of a Correspondent in Vienna.*

"I am comfortably settled in Vienna, where I find Homœopathy flourishing. I go regularly to the hospital, and am well satisfied with all I see and hear, judging not so much from individual cases, as from the total results of the treatment, which is most satisfactory. I am more satisfied than ever with Homœopathy, and look forward to practising it with the greatest pleasure.

"Out of 46 cases of pneumonia treated at the hospital this year (1844), only one was lost, and this was complicated with typhus. There is now one case of this sort in the hospital; he was admitted twelve days ago: it was the worst case of this kind I ever saw, with all sorts of complications, delirium, vomiting, diarrhœa, &c.: there was great hepatization; and he is now so well, that, were he in an English hospital, he would be dismissed as cured. The deaths at the homœopathic hospital are 1 in 16½, at the allopathic 1 in 5½.

"By all accounts Homœopathy is flourishing on the continent. I hope it is doing so in England. The effect of the statistical accounts on the medical school here is curious. Almost all the professors are sceptics in medicine, as they cannot throw over their old prejudices against Homœopathy, and cannot deny the results. This cannot last long; and, therefore, I expect the Vienna school will be found to be the first in a grand move for the advancement of medicine.

"The treatment of the ague is wonderfully successful; and, as it is a disease that rarely ceases spontaneously, the results of the homœopathic treatment are very convincing. Since I have been here there have been two cases of hydrothorax, one of three years' duration, the other of more recent date. In the former case the patient had not been able to lie down for three years; he was cured in six weeks. The other case was cured also."

## BRITISH HOMŒOPATHIC DISPENSARIES.

**LONDON.**—*London Homœopathic Medical Institution*, No. 17 Hanover Square. Attendance from 8 till 10 o'clock, A.M., every day except Saturday, when it is from 1 till 3 P.M.

*Medical Officers.*—P. Curie, M.D., head physician ; E. Chepmell, M.D., resident physician.

This institution is likewise an hospital, possessing several excellent and commodious wards, containing at present 18 beds.

Total number of (in and out) patients treated at the institution since its establishment (formerly in Ely Place), in October 1839, up till December 31. 1844, 3657.

*Westminster and Lambeth Homœopathic Dispensary*, 13 Cannon Row, Bridge Street, Westminster. Attendance, Mondays, Wednesdays, and Fridays, from 2 till 4 P.M.

*Physicians.*—Dr Laurie, Dr Hamilton, Dr Mayne.

Opened in 1842. Total admissions up till the end of 1844, 713.

*West London Homœopathic Dispensary*, 67 Newman Street, Oxford Street. Attendance, Mondays, Tuesdays, Thursdays, and Fridays.

*Physicians.*—Dr Harris Dunsford, Dr Gillioli.

*House Surgeon.*—Mr T. Engall, M.R.C.S.L.

Opened by Drs Belluomini and Dunsford in March 1841. Total admissions up till the end of 1844, 412.

*King Street Homœopathic Dispensary.* Opened in 1843.

*Physicians.*—Dr Quin, Dr Herring.

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**LIVERPOOL** *Homœopathic Dispensary*, 14 Benson Street. Attendance, Tuesdays, Thursdays, and Saturdays, from 8 till 10 A.M.

*Physicians.*—Drs Drysdale and Chapman.

Opened in November 1841. Total admissions up till the end of 1844, 7823. Total number of prescriptions, 34,380.

*Birkenhead Homœopathic Dispensary*, Pool Terrace, Grange Lane. Attendance, Tuesdays and Saturdays, from 2 till 3.

*Physician.*—J. Norton, M.D.

Opened in December 1844.

[Birkenhead is a suburb of Liverpool, situated on the opposite side of the Mersey, and containing between 20,000 and 30,000 inhabitants.]

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**MANCHESTER** *Homœopathic Dispensary*, No. 6 Chatham Street, Piccadilly. Attendance, Mondays, Wednesdays, and Fridays, from 8 till 10. With a branch at *Prestwick*, on Saturdays, at 4 P.M.

*Medical Officers.*—R. Walker, M.D. ; E. Phillips, Esq., surgeon.

Opened by Dr Davids, in January 1843. Total admissions up till the end of 1844, 920. Total number of prescriptions, 4750.

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**NEWCASTLE-ON-TYNE.**—*Newcastle and Northumberland Homœopathic Dispensary*, No. 30 Grainger Street.

*Physician.*—Dr Thomas Hayle.

Attendance, Tuesdays, Thursdays, and Saturdays, from 9 till 10 A.M. Opened in May 1844. Total admissions up till the end of 1844, 421.



**GLASTONBURY Homœopathic Dispensary.**—Attendance, Mondays and Thursdays, from 8 till 10 A.M.

*Surgeon.*—Mr G. Newman.

Opened in September 1843. Total admissions up till the end of 1844, 716.

**LEEDS Homœopathic Dispensary,** Bedford Street, Park Row. Attendance, Tuesdays and Fridays, from 11 till 1 o'clock. Opened in November 1844.

**CHELTENHAM Homœopathic Dispensary,** 26 Cambray.

*Physician.*—Dr Claude Ker.

Opened in 1844.

**MILTON MOWBRAY Homœopathic Dispensary.**—*Physician,* Dr Hanson.

**GUERNSEY Homœopathic Dispensary,** 4 St John Street, New Town.

*Physician.*—Dr Ozanne.

**EDINBURGH Homœopathic Dispensary,** Spring Gardens, Stockbridge. Attendance, Mondays, Wednesdays, and Saturdays, from 2 till 4 o'clock.

*Physicians.*—Dr J. Rutherford Russell and Dr Francis Black.

Opened October 1841. Total admissions up to the end of 1844, 6545.

**DUBLIN Homœopathic Medical Institution,** Abbey Street.

*Physician.*—Dr Goodshaw.

*Homœopathic Dispensary,* No. 4 Swift's Row. Attendance from 9 till 10 A.M. every day except Saturday. Opened in 1844.

In GLASGOW, Dr Scott, West Regent Street, has been for some years in the habit of receiving poor patients at his own house, at a stated hour; but as yet there is no Public Dispensary opened in that city.

#### ERRATA.

Page clx, line 12, for passive read pressive

... clxi, ... 3, for cush read crest

... .. 13, for urether read urethra

... 31, delete sentence, "In the suburb of Gumpendorf,"\* &c.

\* The hospital described in this sentence is the same as the one spoken of immediately before.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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HAHNEMANN'S CORRESPONDENCE WITH DR STAPF.

[The following series of Letters, of which this is the first, is so interesting, both as throwing light upon the character of Hahnemann, and containing many useful practical observations upon the proving of medicines and other points interesting to all homœopathists, that we propose to publish some of them in each succeeding number of the Journal. They are written to Dr Stapf, and appeared in the first vol. of the Neues Archiv für die Homœopathische Heilkunst.]

No. I.

LEIPZIG, *January* 1814.

DEAR FRIEND!—You have indeed truly recognised me *ex ungue* (and yet I am as far as possible from being of the lion tribe), in the little article, although I avoided everything in it which could point to Homœopathy, as you will readily admit. I could wish to pursue my course anonymously still farther, that we might induce the medical men to experiment by keeping them in ignorance of the origin of the proposed improvement. This they might discover afterwards to their shame; for, did they know beforehand how rational the method is, they would scout it at once, and leave it untried. As recently,

VOL. III. NO. III.—MAY 1845.

K

a certain Dr Reidel of Penig, who, having many cases of hospital-fever to treat, and naturally treating them very unsuccessfully, when recommended to try my method, replied, "Before I take these Hahnemannian medicines (as if I had medicines different from other earthly worms),—before I take such medicines, I would rather die."

He soon took the fever and died ; I could not but feel sorry for his blind infatuation.

I quite participate in your hopeful anticipation of the improvement of our national affairs. Under our recent subjugation, all that was good about us lay silent ; the better men were so discountenanced and worried, that they did not venture to open their mouths. Only the voice of the slavish populace was audible, who gloried in being able to give full indulgence to their wicked inclinations, amid the general corruption of morals that prevailed, and to suppress all that was good, both in speech and writing, as the great oppressor (Napoleon) had set them the example. This literary rabble alone raised their head during the last ten years, and strove to overthrow and blast every thing that had a nobler and freer tendency. But once again the spirit of our honoured ancestry seems to have awaked ;—once more, heroism, constancy, truth, friendship, uprightness, humanity, and zeal for all that is true and useful, have revived among our leaders ; and all the better men are following their example. Now will these children of darkness be silenced before the dawn of day ; Truth will reascend her throne, and the good will no longer be so contemptuously set aside.

You will receive along with this, besides my strong tincture of *Rhus toxicodendron*, and the dilution prepared for use (1 quadrillionth of a grain in a drop) ; likewise tincture of *Bryonia*, both the strong and the diluted (1 sextillionth). In no age was a judicious use made of *Bryonia*. Some centuries ago it was esteemed as a powerful emetic and purgative, and given in large doses of several grains ; but in later times, it has not been used at all by physicians, as they did not know how to use this precious gift of God, which in their hands was so terrible. Naturally enough, I have not been able to make so frequent use of this as of the other medicines, because it has not

been so often indicated ; at the same time, I have made many observations about it, as you will perceive by the following sketch, in which the most important symptoms are arranged.

\* \* \* \* The fever of this autumn and winter is very different from that which prevailed in the spring of the preceding year. It will therefore require a different treatment, as we poor homœopathists are so devoid of sense as not to be guided by the names "Nervous fever, Hospital fever;" and are not content to employ against them the imaginative receipts appropriated to their extermination in books. Our colleagues, who are as yet untainted by our heresy, have a much easier duty with their pocket receipt books, *e quibus omnium versatur urnâ serius ocyus sors exitura et ægrotis in æternum exilium impositura cymbæ*. But enough of jesting.

In this epidemic, besides the conditions known to you, there are occasionally states in which, in addition to the other remedies, arsenic is indispensable—states corresponding to the primary action of arsenic. Constant thirst, in which the patient merely moistens the lips, but does not drink much, with cold feet and hands, while he over-estimates his strength, tries to stand, and sinks to the ground ; he always wishes to get from one bed to another, and cannot rest from anxiety, especially about the third hour of the night. On shutting his eyes he sees persons before him, and faces which, although not terrible, have no existence ; he is low in spirits, vexed, inclines to weep, and is much afraid of death ; he is subject to attacks of breathlessness, especially in the evening when lying, either with or without cough ; or he has to struggle against nausea and faintishness ;—in such a state of things a globule of the decillionth of arsenic will be found to work a miracle. There are other conditions in which much good may be done by the south pole of the magnet ; but these I must reserve for our meeting.

In the mean time, all prosperity attend you. Continue still to benefit whom you can, and remember your friend,

SAMUEL HAHNEMANN.

P.S. When, in the present hospital-fever, the headache is

expansive in the forehead, or throbbing, Rhus is the only cure. In the convalescence, arsenic is often useful.

Just one word more, to shew you how our colleagues make their examination of patients, and how confused and sterile their conceptions are. I had lately an application from an old patient of mine in Landeshut Silesia, to advise him what to do in the event of the fever attacking him or his family. I wrote to him to inform himself about the prevailing type of fever there. This he left to his ordinary medical attendant. Now, read for yourself, how unlearnedly the confused head of the physician expresses itself. A person must be mad to expect to be able to cure from such materials. Premising that the fever could not be very different from ours, I sent, however, my patient two or three phials, each filled with globules, and marked, along with corresponding directions which to take, according to the particular case—for my patient is a very intelligent person. He had shewn his phials to the Doctor, who exclaimed over and over again,—“No ! well that does bring my faculties to a standstill.” Ah, thought I, I suspect they had already stopped.

No. II.

LEIPZIG, Sept. 1813.

DEAR FRIEND,—Your kind feeling towards myself and our art delights me much, and alleviates many of the burdens of life. Husband your strength, do not overlabour ; and always consider how much you can overtake in the way of thinking, speaking, and writing, in a given time, without consuming your powers too fast. For you have reason to expect enduring health and a long life ; and in a long life well-regulated and passed in tranquillity of mind, a man can accomplish much—yes, incredibly much good, both for himself and others. You have natural endowments for all that I expect of you, and you will undoubtedly make it good. This I perceive by the symptoms of Chamomilla, Rhus, Pulsatilla, Nux vomica, Cina, and Opium. Your observations are honest and exact. Continue to work in this true spirit. What we perform in this department is a religious work for the good of humanity. Men may

or may not now recognise our pure and benevolent intentions : we do not live for the applause of men alone. The Omnipresent and All Holy One views our labour with complacency ; and to him alone, and to our own consciences, do we live here and hereafter.

You are right, that the aggravation, by any substance, of symptoms which are present, most probably indicates that the medicine has the power of exciting these symptoms of itself. We must not, however, incorporate such symptoms in the list of the positive effects of the medicine, at least not in writing. All we may do is to bear them in mind, so as to direct our attention to them specially, should they occur for the first time during the use of the medicine.

When I propose any substance for proving, I will take care that it is not one which is dangerous to the health, and so prepared that it will not affect you too violently ; for we are not entitled to do injury to ourselves. I send you along with this some tincture of pure *Helleborus niger*, which I gathered myself. Each drop contains 1-20th of a grain of the root. Any day when you are well, and have no very urgent business, and have not eaten any medicinal substance (such as parsley) at dinner, take one drop of this to eight ounces of water, and a scruple of alcohol (to prevent its decomposition), shake it briskly, and take an ounce of it while fasting ; and so every hour and a half or two hours another ounce, as long as you are not too severely affected by what you take. But should severe symptoms set in, which I am not afraid of, you may take some drops of tincture of camphor in an ounce of water, or more, if necessary, and this will allay the symptoms.

After all the effects of the hellebore have subsided, I wish you to try the effects of camphor alone (it is a divine remedy). About two grains dissolved in a scruple of alcohol, and shaken with eight ounces of water, taken four or six times a-day, with similar precaution as the other.

I hope you will occasionally write something in the *Allgemeine Anzeiger* in honour of Homœopathy. Your style is rich, fluent, and energetic ; and the good cause stands in need of such a herald. Besides, nothing educates our mind so much as (improving conversation and) the representation of our thoughts

in published writings. This gradually induces a wonderful correctness in thinking, and gives distinctness of expression, so as to enable us to communicate our thoughts in such a way that others may read our very soul, and build themselves upon it. We are thus enabled to bring about in others a conviction of that which they ought to know. It is by our convictions and our doctrines that we sway our age. Yours most truly,

SAMUEL HAHNEMANN.

No. III.

LEIPZIG, Dec. 17. 1816.

DEAREST FRIEND,—I only answer the latter of your two letters, as being the most important. I feel the most cordial sympathy with you in your present happiness—the increase of your family. May the dear child thrive, and become good to the joy of her parents. For my part I have always looked upon the confinement of my wife, and the increase of my family, as one of the most important occurrences in my life. The common offspring of myself and her to whom I am most closely bound, a new human being, sprung from our blood, comes forth into the light of day to increase the joys and (wholesome) sorrows of its parents awaiting its mysterious course and destiny, and the education of its being to a higher aim for eternity.

But observe under what grand and sacred circumstances the new citizen enters the world! Amid throes between life and death of its mother, uncertain whether she will not yield her soul in the struggle, leaving her desolate husband, and making orphans of the rest of her children. Already I see the grave of the life-promising, but now mortally overwhelmed, wife, of her whose loss no earthly blessing could compensate to her children and her spouse;—I see her grave preparing, and the portals of eternity opening for her; and, beside this fearful disclosure, there appears a long-coveted new-born life, for mother and child, a nearly approaching triumphal entry into existence for a young being of divine origin; both these possibilities lie in that dread impressive moment, undecided for us in the unopened hand of God; what a sorrowful ecstatic expectancy.

I, at least, have felt each confinement of my wife, each of these almost supernatural occurrences, deeply agitate my inmost life; and I have always tried to improve this dreadful moment, with its glimpse into eternity, for the purification and cleansing of my character; and where I have detected any spots, envy towards my neighbours, or anything of a suspicious, hypocritical duplicity in my heart, or any trace of falsehood, or any disposition to appear and to speak otherwise than entirely corresponded with my internal convictions,—of all such thoughts I have attempted to purify my heart. In such an hour have I made an inviolable vow to cherish within me simplicity, honesty, and truth; and partly in self-culture, as becomes a denizen of eternity, partly, in the benefaction of my neighbours, to find contentment and happiness beneath the eye of the Father of all living—the God of truth—whose universal presence always surrounds us; from whom we cannot conceal the inmost thoughts of our souls, and before whose holiness the holiest of us stands condemned. So have I striven in that heart-quailing hour to fashion an inner life, such as is required for our eternal existence, and our passage into the land of perfection. Vainly do we attempt to conceal from ourselves, in our younger years, that to this end alone we exist; irresistibly are we borne on toward this exalted goal. How fast have the thirty years of your life vanished? whence are they gone? Do you not believe that the remaining thirty will hasten as quickly? Then you will be as near your departure from this preliminary school of earth as he who now writes, and who cannot reckon upon having more than a few brief years to spend among men, until the time comes for him to uncloak himself of his present garment of corruption, and, in calm joy, to enter into the kingdom of the All-loving One,—into the kingdom of truth, of knowledge, and of peace. Let us not miscalculate! The year has only twelve months. We want but a little space of the completion of our course. Already does the last hour, the last minute, of my passage to the Father of purity and virtue stand vividly before my eyes, in which, with my cold finger, I shall point, almost imperceptibly, upward; and then comes the last moment. Pleasant, joyful,



grateful, is that hour to the man who has striven to enable himself to meet it worthily.

I thank you for the symptoms you sent me, many of them are very important. You must always strive to discover the exact expression for your sensations, and the changes in your sensations, as well as the conditions under which they are excited. My present scholars have a lighter task in this respect. Whenever they present me with such a list, I go through the symptoms along with them, and question them right and left, so as to complete, from their recollection, whatever requires to be more explicit, such as the time, conditions, &c., in which the changes were prescribed. But all this you must do for yourself; you must go through the written description in order to find what has yet to be reported. In this respect, yours is a harder task. From this strictness of mine for the promotion of the truth, you will perceive that your plan, although very well meant, is quite impracticable.\* Which of our every-day colleagues would undertake such laborious experiments? when he can tap upon his well filled receipt-book and say, "Thou art my comfort; never can I be in doubt what to prescribe when I have thee at hand. It may go with my patients as it likes; I am quite safe. These receipts of the learned masters, as long as I prescribe them, no person can find fault with me."

It would be in vain to attempt to elevate the views of such people. Even had we an eternity to expend upon them, they never would resolve on such careful experimentalism, since the common physician feels himself so comfortable without observing, in the easy following of others, in quoting "authority" for everything, in speculating and assuming. No, no, dismiss all such hopes. Such resolutions are not to be expected from such people. And what would the accomplishment of their attempt be, suppose they made an attempt out of curiosity. Deceptions, imaginative stuff, or positive falsehoods, with their irregular mode of life, their volatility and their deficiency in the spirit of observation and integrity: may God keep the pure doctrine from such dross.

\* An invitation to Physicians to assist in the proving of medicines.

No, it is only the young whose heads are not yet deluged to overflowing with a flood of every-day dogmas, and in whose arteries there runs not yet the stream of medical prejudice; it is only such young and candid natures, on whom truth and philanthropy have got a hold, who are open to our simple doctrine of medicine; it is only those who, impelled by their own natural impulse (as I gladly observe in my pupils) to restore to the light of day by their devotion to the truth, those treasures of medicinal action; inestimable treasures which have been from of old allowed to lie unknown in obscurity of self-complacent false-reasoning ingenuity (*abermitz*); and I think some of them have made considerable progress in the practice of observation, and so will the good spread but only where it finds suitable ground and soil.

One word more; no more encomiums of me, I altogether dislike them; for I feel myself to be nothing more than an upright man who merely does his duty. Let us express our regard for one another only in simple words, and conduct indicating mutual respect.

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AN ACCOUNT OF THE SCARLET-FEVER CASES TREATED ON  
HOMŒOPATHIC PRINCIPLES, DURING AN EPIDEMIC WHICH  
PREVAILED IN THE ISLAND OF GUERNSEY THROUGHOUT  
THE CHIEF PART OF THE YEAR 1844.

By DR OZANNE.

(Continued from No. X., p. 101.)

A very interesting point in the history of Homœopathy is the discovery by Hahnemann of the virtues of Belladonna as a prophylactic against scarlet-fever. As I have given it in a number of cases, I may here state with what results. It was given to many children who had never had the scarlet-fever, of whom one only was attacked with it. As the case is interesting I may give the particulars.

G. T., æt. 2, took, at different times in the summer, small doses of the diluted tincture of Belladonna, as a preventive of scarlatina. About the middle of October, he was seized with diarrhœa, for which his mother gave him a few globules of

*Ipecac.* The diarrhœa continued, and on the night of the 19th, there was repeated vomiting. When I saw him early on the 20th, his countenance was much altered, and I observed twitchings and trembling of the limbs,—*Veratrum* 3. I was sent for at 11 o'clock, as he had been in strong convulsions for some minutes, during which his eyes were convulsed, and rolled in their orbits, the teeth were clenched, and the limbs violently agitated. The fit had subsided by the time I arrived; but there continued frequent twitchings in the limbs, during which the head was thrown back, together with moaning and involuntary watery evacuations. He had been placed in a warm bath, and was now put into bed. He continued to moan, and seemed unconscious, and in a state of half stupor, from which nothing could arouse him. At times he uttered a few loud screams, during which the face and limbs were suddenly convulsed. After a while he opened his eyes, and gazed at the ceiling, but seemed insensible to all around him. The face and head were flushed and hot, and his pulse very frequent. Immediately after the fit, he took *Bell.* 2 gr. ij. one-fourth every quarter of an hour. I saw him again at 1 P. M.; he screamed at times, and when moved in the least the lower extremities shook as if convulsed. The *Bell.* was continued; after a while he began to take notice of those who spoke to him, and from that time had no more convulsions. The face was flushed; the cheeks presented a few red blotches, the skin was very hot; the pulse at 158. *Acon.* 2 gr. j., *Aq.* 3 i., a teaspoonful hourly. At half-past 8 P. M., he was quite better, and free from nervous symptoms; pulse 152. *Bell.* 2 was then given in the same manner as the *Acon.* On the following morning, the puncta peculiar to the scarlet rash covered the chest and abdomen; they were as yet rather pale: pulse at 148. The *Bell.* was continued, but at longer intervals.

On the 22d, the child was so much better, that he asked to be dressed; the rash presented a bright scarlet hue, and had become general. He had slept in the night, but frequently started up, and spoke unintelligibly and rather wildly. The *bell.* was continued. The disease from this time proceeded very favourably, and his convalescence was most rapid. There

was no appearance of sore throat, or if any, it must have been very slight, as it was never complained of.

In this case, the Belladonna had failed as a preventive; but the disease, which began in so formidable a manner, was soon modified in its intensity by the repetition of this medicine, and with the assistance of aconite, was soon brought to a favourable termination. In the same family there were other children who had not had the scarlet-fever, but they were preserved from it by the Belladonna. If the Belladonna had been taken more regularly in this case, it might perhaps not have failed.

The Belladonna was also given to those persons who were in attendance upon scarlet-fever patients, or to children of the same family who might be supposed to have already the disease in them in a latent form. The result was that those who contracted the fever after being for two or three days under the influence of the Belladonna, had it in a much milder form than those they took it from.

In the treatment of this epidemic, the medicine which was found to be the most useful, and which was chiefly relied on, on account of its specificity, was Belladonna; especially in the cases of simple scarlet-fever, with moderate fever, and more or less inflammation of the fauces. It was then, in general, sufficient to effect a speedy cure; but whenever there was a full, strong and rapid pulse, with much heat and dryness of the skin, more benefit was derived by administering Aconite at first, and then giving Belladonna after an interval of two or more hours. In some cases of the kind, Belladonna was administered at first, but it gave less relief than the Aconite. The frequency of pulse, and dry heat of the skin, continued longer, and the recovery seemed less rapid. This may be illustrated by a case in which no aconite was given during the first four days. A little girl four years of age, of a delicate constitution, was seized with sore throat, pains in the stomach and abdomen, fever, and headache. On the first day, the scarlet rash appeared; but soon receded. On the second day, it came out very well; and went through its usual course. A few globules of Belladonna were given her daily from a family chest. On the evening of the fifth day, as the fever continued, and as there was a little

swelling on one side of the neck, medical aid was called in. There was considerable heat and dryness of the skin, the frequency of the pulse was alarming ; it was repeatedly counted, and found each time above 180 in the minute, but more than that number could not be counted. There was slight headache at times, but no unfavourable symptom of any kind. Acon. 3 was prescribed. The next morning she was much better ; the pulse had fallen to 145. Belladonna 3 was now given, and Aconite 3 in the night, under the influence of which the pulse fell to 128 by the next morning. As there was much enlargement of the tonsils, it was necessary to give Mercury, which, together with Belladonna, completed the cure.

The period of the disease at which aconite seemed to be most clearly indicated was in the incipient stage, before the rash was fairly out ; but it was also productive of much benefit at later periods of the disease, whenever the fever increased or returned, or when the sequelæ of scarlet-fever were accompanied at the onset by much heat and dryness of skin, with frequency and sharpness of pulse. It did not require repetition.

As in many cases, there was an increase of the febrile symptoms in the evening and night, it was found to be of much advantage to give it alternately with Bell.—the former in the night, the latter in the day-time. In those cases in which some complication protracted the course of the disease, this method was found to be particularly advantageous, and often procured refreshing sleep, by removing febrile excitement. As a general result of the experience of Aconite, it may be stated that it was found to be of most use in those cases when, together with considerable heat of skin, the pulse was above 140 in children under five years, or above 100 to 110 in adults. Whenever the pulse was below those limits, it was found to produce but little improvement.

The angina faucium generally improved rapidly under the influence of Belladonna and Aconite, but, in several cases, particularly where there was ulceration of the tonsils, tongue or lips, or an exudation of lymph forming false membranes, other medicines became requisite. Mercury was given in several cases with marked success. Under its influence the ulcerations

healed rapidly where they were not of a malignant character. In one case, decidedly malignant, the Mercury, given alternately with Belladonna, effected a speedy recovery.

W. L. M. æt. 4½. He generally enjoyed good health, but at different times had earache, followed by a discharge from the ears. He was seized in the morning of 19th September with vomiting, which was almost incessant for 3 hours. Diarrhoea had also set in, and continued the next day. When I first saw him, which was in the evening of the 20th, I found him lying upon his face, with a viscous saliva flowing from his mouth. It appeared to me that he kept his posture on account of his inability to swallow this saliva, and of the inconvenience it occasioned. There was a heavy look about the eyes; the face was much flushed, rather swelled and puffy. The skin very hot; pulse at 172; very full and hard for a pulse of that frequency. The scarlet rash was visible in the upper part of the chest. He complained of headache; spoke incoherently at times; seemed in a state of half stupor, and, when aroused, did not appear to know where he was. The tongue was red at the apex, and covered towards its root with a thick creamy coat, the tonsils much enlarged, and the glands on the right side of the mouth rather swollen. Acon. 3 gr. ij.; Bell. 2 gr. ij.; one-fifth of each alternately every hour.

In the first part of the night he was very restless, and would have got out of bed if not restrained. Towards morning he became quieter, but did not sleep. When I saw him on the 21st in the morning, the rash extended down to the upper part of the thighs, in the abdomen, and in the groin; it was of a bright scarlet, but in the other parts very pale. The skin was not nearly so hot. Pulse 144.

The tonsils were much the same, the tongue very red, smooth and glossy—there was less salivation; he complained of pains in his mouth; the mucous membrane near the *commissuræ labiales* was excoriated inside of the mouth. Merc. 5, to be followed by Acon. 3.

At 7 P.M. he was sleeping quietly; soon after being awake, there was still some manifestation of disordered function of

the brain. Throughout the day he had much difficulty in taking drink ; at times, however, it was taken without much difficulty. Continue Acon. 3, and let it be followed by Merc. 5. If delirious, he will take Bell. 2.

On the 22d, pulse 132 when asleep ; after waking, at 144. Lips dark, ulcerated at the commissures ; breath foetid ; a sanious discharge from the nose, which he rubs frequently. The tongue is very red ; deglutition easier.

There is so much soreness in the mouth that he cannot open it to allow the fauces to be examined.

In the night he was much agitated at times, and occasionally delirious. Bell. and Acon. alternately.

23d. Pulse 126. He cannot be made to lie down quietly ; he is always trying to sit up, and seems easier in that position. Lips very dark, excoriated, and swollen : he can scarcely open his mouth ; the tip of the tongue only can be seen as it is sore, and he seems afraid to shew it ; it is red, and presents a superficial ulceration of a greyish colour. His breath is very foul ; has much flowing of saliva from the mouth, which imparts a dirty-yellow colour to his linen. There is a rattling of phlegm in the throat which seems at times ready to choke him ; and this seems to be the reason why he will not lie down on his pillow for more than a few minutes together. He looks very stupid and heavy. Merc. 5 in the day. Bell. 3 for the night.

24th. The rash has disappeared. He looks rather better, and swallows with less difficulty. The lips continue dark and ulcerated. The tongue is more deeply ulcerated, but has a better appearance ; there is still a sanious discharge from the nose. There has been delirium every night, and, at times, in the day. Yesterday he fancied that he saw a pony before him. Pulse full, 120. Merc. 5.

25th. He is much better in every respect. Pulse 108. There is a dark spot of the size of a sixpenny piece on the cheek. Merc. 5.

26th. Lips much cleaner, tongue better, and not so red. The excoriated part is healing. No delirium. He had a quiet night and slept. Pulse 108. Sulph. 12. He was now allowed to take some food, and improved fast. On the 30th he was

seized with severe earache which lasted all day. In the evening he took Puls. 3, which eased the pain considerably.

On the 1st October it was much better, but had not entirely subsided. Merc. 5. On the following day the ear discharged much matter. He soon recovered, without any dulness of hearing.

In other cases Mercury was not persisted in, as after several doses had been given there seemed to be no change; but Arsenic was quickly followed by an improvement in the malignant symptoms.

H. J. æt. 5½, a delicate little girl. Has had a cough for some time, with frequent attacks of sore-throat, shiverings, headache, and sickness. On the 10th November a rash appeared on the neck. On the 11th she had sore-throat, and the rash had extended to the whole of the trunk; there was headache and nausea. During the night she was restless, moaning a great deal, and complaining of pain in her throat. On the 12th, there was some difficulty of deglutition, the tonsils were swollen, and the left was ulcerated in two places; the skin was very hot, and covered with a very faint scarlet rash. Pulse 168, full and strong. Bell. 2. Had rather a restless night, but with intervals of sleep. The throat seemed more painful on the 13th; lips and tongue rather dry; she vomited in the night. Bell. 2.

In the evening the skin was still very hot, the pulse at 160. The sickness continued, and the throat was very painful; she had considerable cough, hurried respiration, and strong impulse of the heart. Acon. 2 for the night.

14th. Less heat of the surface; in other respects she was much the same as yesterday. Bell. 2.

She retched several times during the day, and was troubled by nausea and incontinence of urine. In the evening the pulse was 168, and strong; the tongue very red, smooth, and dry; the tonsils were not much enlarged; the mucous membrane lining the fauces was of a deep red, and covered with patches of false membrane; the ulcerations had extended to the right tonsil, and there was a foetid smell from the mouth. Acon. 2.



15th. The ulcerations had a dirty-greyish appearance. The little patient was delirious at times, and had no sleep till 3 or 4 o'clock, after which she dozed occasionally for a few minutes. Acon. 2.

7 P.M. There is less heat than during the day ; pulse 144. She suffers from headache ; the sickness and sore throat continue. Merc. 5. There was delirium during the night, and but very little sleep.

16th. Pulse 140. Skin still hot ; tongue very red, dry, and rough, with constant nausea. Bell. 2 for the day, and Acon. 2 for the night.

17th. Had a little sleep in the night. The tongue was dry and cracked. She was constantly picking her lips, which, as well as the teeth, were of a dark colour. Complained of pain in the bowels. Rash has nearly disappeared. Bell. 2.

18th. Had a restless night ; pulse 140. There was less nausea, and the skin was cooler. There was an accumulation of phlegm in the throat. The lips were excoriated at the angles of the mouth, and were encrusted with sordes as well as the teeth and tongue. She has been deaf for the last day or two. Arsen. 3.

19th. Had no sleep during the night. She could not swallow the drinks that were given her, a portion of which was rejected through the nostrils. The state of the throat could not be ascertained, as the mouth could not be opened. There was a manifest improvement in several of the symptoms ; the tongue was moister and less red, and the breath less foetid. Arsen. 3.

20th. Some matter was discharged from the ears during the night, after which she had tranquil sleep. The foetidity of the breath had disappeared ; the tongue was moist, and, with the lips and teeth, had become much cleaner. No nausea or retching. Pulse 124. Ars. 3. Acon. 2 in the night, if feverish.

21st. The Aconite was given her at night, as she was hot and flushed. She could now swallow drinks ; a portion of them was, however, still rejected at times. There was much purulent discharge from the ears, with complete deafness. Merc. 5.

The mercury was repeated on the following days with marked benefit. On the 27th, a swelling of the size of a pigeon's egg was perceived underneath the left ear, which caused considerable pain. Rhus 3. In the evening the skin was hot and the face flushed. Acon. 2.

28th. Complained of pain in the right side of the head. The tumour was smaller. Bell. 2.

29th. Rather better. The pain in the head continued, and much purulent and offensive matter was discharged from the right ear. The skin over the sacrum being excoriated, local applications of diluted Arnica tincture were ordered.

The pain in the right side of the head continued until December 6th, during which time she lay constantly on that side. The discharge, which for some days was of a dark colour, and offensive, now assumed a healthier appearance. Her pulse varied considerably; at times it rose to 106. As this extreme heaviness of the head and headache, with a return of fever, gave some reason to fear an extension of the inflammation from the ear to the brain, Bell. was continued, and replaced by Aconite whenever the pulse became more frequent. During the three next days she took a few doses of Hepar Sulph., and of Aconite. Occasionally she heard noises like the ringing of bells, which shewed that the sense of hearing was returning. On the 10th December she had swelling of the face, particularly on the right side. She took Rhus 3. The tumour on the left side of the neck now began to soften; but as it did not seem inclined to burst after the exhibition of Hepar Sulph., it was lanced. The Hepar Sulph. was continued.

Towards the end of December she was able to sit up a few hours in an easy chair, but could not yet walk. In the first week of January she was taken out one day, and had toothache and swelling of the face in consequence, which was removed by Rhus; since then she has improved gradually in strength and appearance; and the hearing is so far improved under the influence of Silex, Merc., Bell., Puls., and Sulph., that there is every reason to expect its complete restoration.

In a case of suppuration of the tonsils, with foul ulcerations in the fauces, Laches. soon caused a favourable change.

M. O., æt. 23. Had slight sore throat in the evening of 27th December. The next day it was much worse, and prevented her from taking any food. The base of the tongue felt to her as if it obstructed the throat. Bell. 2. In the night she felt worse, and as if choking at times. The medicine, which she was to take by tea-spoonfuls, caused so much distress and cough that she was obliged to take it by drops. She suffered much from thirst, and yet could take no drink. On receiving the above account, I sent a medical friend to scarify the tonsils if he thought the case urgent, as I could not go myself immediately—He scarified the left tonsil with the view of depletion, though it was unnecessary, as I found when I came to the patient—This scarification procured some relief, which only lasted till evening, when the symptoms were again as bad as ever.

The pulse was at 120, and hard; the skin hot; the tongue covered with a thick white creamy coating. The tonsils, velum palati, and uvula, were very red—the latter and the tonsils much swelled. Acon. 2.

In the evening and night Merc. 5. She had a distressing night with choking; inability to swallow the saliva, which she was constantly obliged to spit out; much fever, and no sleep. On the 30th she could scarcely speak. Merc. 5. At 10 P.M. much the same; pulse hard and quick, and the skin hot. As it was supposed that there was an abscess forming in the fauces, Acon. 6 was given, to be followed by Hepar Sulph. 5. She had no sleep in the night, and had all sorts of strange fancies. She frequently started up in a fright.

31st. The pulse was now above 120. The symptoms of the throat had somewhat abated, after spitting much thick phlegm containing some pus. Skin still very hot; a scarlet rash on the upper part of the cheek and on the arms. Continue Hepar 5. At 10 P.M., she seemed rather better. Acon. 2. She slept a little about two o'clock, after being very delirious for some time. When she awoke she made efforts to clear the throat of a quantity of phlegm which obstructed it, but could not succeed. She seemed to have no strength to cough; had laboured breathing, and became bathed with perspiration. An incision was made into the left tonsil, which was most enlarged. She soon spat up a thick yellowish substance, and felt better. Baryta, c. 3.

Throughout the day (January 1st) she could swallow drinks, and the throat felt better. At 10 P.M., the pulse was still above 120, and hard; Acon. 3, to be followed by Merc. 5.

2d. She was not so well; she had coughed a great deal in the night, from a feeling of irritation in the throat, and spat up some frothy phlegm. This had prevented her from sleeping. She looked worse than before—her face was much flushed, her skin hot, pulse about 130; the throat more painful, but less obstructed.

When examined, the velum, uvula, and tonsils, were found to be covered with false membranes by patches, some of them of a greyish colour; in the intermediate spaces the mucous membrane was of a dark-red colour. Lachesis 6.

3d. She was better, and had slept a little. Pulse 90; tongue cleaner towards the tip; the parts from which the thick creamy coating had fallen off were extremely red; some of the false membranes had sloughed, and left superficial ulcerations. Continue Lachesis, 6.

4th. Pulse 90. Cheerful countenance and general improvement. The throat was much cleaner. The mucous membrane very red. The swelling of the tonsils had subsided. Her tongue was cleaner, but as yet there was no appetite. Laches. 6.

On the 5th she had Bell. On the 6th and 7th Laches. again. Her appetite was very small for some days, and her strength was restored very gradually. By the end of the second week, there was desquamation all over the body, but chiefly of the cuticle of the hands.

With regard to the management of the patients during the period of convalescence, there are two or three points which are deserving of notice. I have invariably found, that whenever no local affection existed, or could be suspected, the patients recovered their strength and cheerfulness of disposition very rapidly, without the use of wine or cinchona. Indeed, I think that patients, after the homœopathic treatment of any acute disease, recover more rapidly when they take no wine, than when they take it. One of the patients took a farcy to bitter ale, but though perfectly convalescent before she took it, she was much longer in recovering her strength than

the others had been. When the patient continued feeble, languid, or thin, there was invariably found some local cause that fully accounted for it. There was sometimes a remains of the angina, particularly where there had been sloughing of a portion of the mucous membrane of the fauces, or abscess in the ear, or dropsical affection; the most effectual treatment was by those medicines best suited to these sequelæ. But in general, the debility and protracted convalescence proceeded from some irritation in the stomach and bowels, caused by error in diet. When there was want of appetite, with a foul tongue, or redness of the tongue at its apex and edges, *Nux vomica* was beneficial. In a few cases diarrhœa ensued, and was removed by *Pulsatilla* alone, or followed by *Arsenic*, or *China*, if it proved refractory. A little patient who had a serious attack, with sloughs in the throat, was left for cured. However, diarrhœa came on, from a faulty regimen; it was allowed to continue from two to three weeks unchecked. When her parents reported her state at the Dispensary, she was so weak that she could not stand, and had lost more flesh than during the fever, which was severe. She first took a dose daily of 2 glob. of *Arsenic*; then after 3 or 4 days the same quantity of *Cinchona*: the diarrhœa was removed in about a week without any change in her diet, and by that time she felt much stronger. She soon got quite well. The diet generally prescribed for children, was milk and water, as soon as the fever had left them, to which bread was added when the stomach was in a state to digest it.

When the tonsils continued enlarged, *Mercury* was beneficial in accelerating absorption. The submaxillary tumours and other swellings in the neck, did not require any particular treatment in those patients who were placed under treatment at an early period, the *Bell.* being generally sufficient to disperse them. In a case of swelling of the parotid regions, *Bell.* was of much service, but the cure was completed by *Rhus*.

E. Y., æt. 3½ years. Had the fever in a mild form, and took no medicine. On the 6th day of the disease, he was taken with fever, and the left parotid region began to swell. He was visited in the evening; the skin was hot and dry; puls

quick and full at 160; face flushed; hard breathing and rattling in the throat when lying down; the swelling of the parotid very tender to the touch. Acon. 3.

The next day less heat of skin and less thirst; both parotid regions tumefied and painful. Diarrhœa had set in. Bell. 2. The swellings had considerably diminished on the following day; there was no febrile heat. Pulse 112. Rhus 1 repeated three times, and Carbo. v. completed the cure in a few days.

The cerebral symptoms improved under the influence of Bell., which was in these cases repeated more frequently. In one patient where the cerebral symptoms were allied with ulcerations of a foul appearance in the throat. Laches. was of much advantage.

Earache and Otorrhœa were met by Bell., Puls, and Mero. The first considerably lessened the pain, and was given when the otitis was of a more inflammatory character. All these were given at different times for the discharge which followed, as also Hepar Sulphuris and Sulphur. Under the influence of these medicines, the discharge soon ceased. In one case Bell. and Hepar S. were given repeatedly for a few days, as caries and extension of the inflammation to the membranes of the brain was feared.

In those cases in which the want of sleep was troublesome during the presence of the eruption, no particular method of treatment was adopted, as this state of cerebral excitement generally subsided with the fever, but in three cases it continued longer. In one of these coffee procured better rest—in another it acted merely as a palliative for the first night—afterwards it had no effect; but Bryonia was effectual, there being rheumatic pains to which the sleeplessness might be ascribed. In the third case a pain in the spine prevented sleep. Bryonia removed the pain, and with it the sleeplessness.

In those cases in which dropsy occurred as a consequence of the fever, different medicines were used according to the organs affected, and the different manner in which the symptoms appeared.

Aconite was beneficial when, together with the anasarca, a dry heat of the surface, with thirst and quickness of pulse

swelling on one side of the neck, medical aid was called in. There was considerable heat and dryness of the skin, the frequency of the pulse was alarming; it was repeatedly counted, and found each time above 180 in the minute, but more than that number could not be counted. There was slight headache at times, but no unfavourable symptom of any kind. Acon. 3 was prescribed. The next morning she was much better; the pulse had fallen to 145. Belladonna 3 was now given, and Aconite 3 in the night, under the influence of which the pulse fell to 128 by the next morning. As there was much enlargement of the tonsils, it was necessary to give Mercury, which, together with Belladonna, completed the cure.

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At 6 P.M., the eruption had come out more. The obstruction of the nose now seemed to cause her most distress. Merc. 5, at 7 and at 9.

At 10 P.M., occasional screaming, but no delirium; she was quieter than on the preceding evening. Bell. gt. ij. of 2nd, (strength 1-50.) In the middle of the night she had again convulsive movements of the limbs and eyes, with the head thrown back, alternately with insensibility and screams, as on the previous night. On the morning of the 17th, she was considerably better; the most distressing symptoms had improved, and instead of lying with her head boring into the pillow, and apparently insensible to all around her, she noticed those who spoke to her. The skin was of a bright scarlet. The tonsils less inflamed and specked with white lymph, the breathing easier. Acon. 3 was prescribed.

At 10 P.M., I found her sleeping quietly, the pulse at 112; breathing easier, the skin not so hot, the eruption fading. Bell. 3, to be followed by Acon. 3.

On the 18th, there was scarcely any difficulty in swallowing; pulse 114; skin cool; she could now breathe through the nose, but the tonsils were darker in colour—the specks of lymph disappearing. I could not perceive any ulceration. The tongue was redder than it had yet been, and smoother; the lips dry and slightly covered with sordes; on account of the latter symptoms, she took Merc. 5. On the 19th, the lips, throat, and tongue, had improved. On the 20th, she was pronounced convalescent.

*2d Part.*—On one of the last days of September, the child made her escape out of the house, and went to play on the beach, exposed all the time to a cold north-east wind. One or two days after this, which was the only time she went out of doors—it was perceived that her face was swollen—the swelling soon extended to the whole of the body, and was so great, that her clothes could not be fastened. There was a fœtid exhalation from the skin; her appetite failed, and the urine decreased considerably in quantity. On the 6th, I was desired to see her, and gave Arsen. 3. She improved a little.

On the 8th October she took Helleb. nig. 3. The improve-



ment continued up to the 11th, when she suddenly became much worse from fresh exposure to the cold air. She was seized with difficulty of breathing, pain in the left side of the head, and febrile heat. The pulse rose to 164. Bell. 2.

In the evening, the headache having disappeared, and there being reason to fear an effusion into the chest, the Bell. was replaced by Bry. 2, which was given alternately with Acon. 3. On the 12th she was better; the skin was moist and cool; the pulse had fallen to 120; the foetid smell had diminished; the urine presented a very dark blackish sediment, (blood globules?)—Bry. 3.

In the evening the skin became hot and dry, excepting the palms of the hands, which were moist. She had evacuated very little urine in the day. She complained of much pain in the left side of the head, appeared unusually excited, and could not sleep. Acon. 3 and Bell. 3, alternately every 2 hours.

On the 14th, the pulse was at 128; the skin cool; the headache continued. The urine was still dark and very scanty; there was much thirst and copious perspiration, which seemed to supply the want of the urinary secretion. The dyspnoea was very great at times. When I visited her she was propped up in her bed with pillows, and had 60 inspirations per minute. She took Helleb. nig. 3, early in the morning; in the evening, Digitalis 3.

15th. She was much better, and quite cheerful. She was less swelled, and had much decreased in weight. The Digitalis was repeated in this and the two following days.

On the 18th she took Rhus 3, as the puffiness of the face had slightly increased, notwithstanding the use of Digitalis.

On the 20th she was quite well.

J. R., a carpenter, æt. about 24, a strong healthy looking man, had the scarlet fever in a very mild form, his pulse not having risen above 90, and was convalescent in a few days. He was requested not to stir from his house for 2 or 3 weeks from the time the fever left him. He, however, thought fit to neglect this caution, and went to his work daily for a whole week (a distance of two miles). One day he was caught in a

shower, and kept his wet clothes on for some time. He took cold, had cough, wheezing in the chest, and a little fever. After being a whole week in this state, he sent for medical aid. On the 10th Dec. (4 weeks from the commencement of the fever) when I saw him, I found him much swelled all over the body; so much so, that he could not bring his waistcoat to button. The face was also swollen. He complained of much oppression of the breathing, which increased when lying down. At night he could only sleep on the face. Dulness on percussion on the right side of the chest posteriorly; bad appetite, scanty urine. *Arsen.* 2.

On the 11th he had less difficulty of breathing; he was able in the night to sleep a little on his right side; the dulness on percussion continued, but was not very great. He perspired much in the night; the urine was of a dark brown colour and offensive. *Ars.* 2, *Digit.* 3 alternately.

12th, he was better. There was now scarcely any dulness on percussion of the right side of the chest, the respiratory sounds could be heard, though less distinctly than on the other side; he could not yet lie on the left side. The swelling had abated about the body, but the eye-lids were still very puffy, and the legs and ankles œdematous. Pulse too frequent. Continue *Ars.*, and *Digit.* alternately.

13th, Appetite returning, breathing easier. The wheezing in the chest and cough better. Continue same.

14th and 15th. *Helleb. nig.* 3.

15th Improved in every respect. Last night he was able to lie on the left side for the first time. There is still, however, a degree of dulness of percussion on the right side of the chest, and difficulty in hearing the vesicular murmur. The swelling of the body has diminished. The lids of the right eye are much more puffy than the left from lying more on that side. *Digit.* 3, to be followed by *Ars.* 2.

He one morning spat a little blood, but as he had sometimes done so before, the medicines for the dropsy were continued, he took 4 globules *Helleb.* 18, then *Ars.* 18-2, then *Digit.* 18-2.

By the 26th he was quite well.

*J. E.*, æt. 2½, was taken ill on the 29th Oct. with vomiting,

sore-throat, and fever, which subsided as the rash disappeared. He was allowed to take food and got up every day. On the 11th Nov., he began to swell all over. He took *Ars. 3*, which did him good. On the 15th the swelling got worse again; he moreover complained of pain in the abdomen, which was followed by diarrhoea, also had wheezing in the chest and dyspnoea, which were worse at night. He lost his appetite; the skin was hot but pale; the urine very scanty. *Bryon., 2*. On the 17th, his breathing was better but the face and body were very much swelled. Continue the *Bryonia* and alternate it with *Helleb. n. 3*.

18th. He passed scarcely any urine; the diarrhoea continued, breathing much improved, 48 inspirations per minute whilst sleeping. *Digit. 3*.

19th. Perspired much since taking the *Digitalis*, and passed much more water. He had a watery running from the nose, wheezing in the chest, and cough. The anasarca had so far improved, that the child could stand without assistance, whereas the day before he could not. *Digit. 3*.

20th. He was allowed to sleep in a cold room with doors and windows open; the consequence was, that in the night he had dyspnoea, rattling in the chest, cough, and vomiting. The face was less swelled, but the body more so, on the 20th; the abdomen was very large and tense, and evidently contained much fluid. *Bry. 2*, followed by *Helleb. n. 3*.

21st. He was rather better. The abdomen was smaller, as the circumference of the body was 3 inches less than the day before. The calf of the leg measured  $9\frac{3}{4}$  inches, and the foot at the instep  $6\frac{1}{2}$  inches. His appetite had returned, the urine was passed more freely, yet there was fluid in the abdomen. *Ars. 3*.

22d. He is better. Continued *Ars*.

23d. Dyspnoea in the night, dulness on percussion on the right side of the chest, with a little quivering of the voice. *Helleb. 3*, *Bry. 2*, alternately.

24th. He was very bad the first part of the night, but since that he has been better. The right cheek was more swelled than the left. I am told that, since his illness, he always lay

on the right side, which accounted for the effusion into the pleura on that side. Ars. 3, and Digit. 3.

The Ars. was repeated on the 26th, and the Digit. on the 28th; he was by that time considerably improved, and in a few more days he was quite well.

The cause of the dropsy was, in this case, very plain. The room in which his parents lived was, owing to the bad state of the roof, for several days half filled with a pool of water. In addition to the dampness of the atmosphere, there were currents of air from one window to another; and, moreover, the child was allowed to go about the room barefooted. He had, during his treatment for the dropsy, to contend with these adverse circumstances, and more than once he suffered a relapse from taking cold.

C—— L——, æt. 4. This child, when 2 years old, was seized with repeated and sudden attacks of loss of power in the lower extremities, which ended in their becoming paralyzed, at the same time the spine became distorted, and the lower extremities were frequently cramped and stiffened, shewing that the spine and spinal cord were both diseased. Her general health soon began to decay, her bowels were frequently disordered, and her frame was visibly wasting. Under these circumstances, her parents had recourse to homœopathic treatment, which, in the space of a few weeks, brought on a healthy action of the bowels. She was then seized with scarlet-fever, which increased the symptoms of spinal irritation, and caused convulsive movements in the arms and the lower extremities. Under the influence of the 2d dil. of Bell. she recovered.

Whilst desquamation was going on, the varicelloid eruption made its appearance. During her convalescence, the convulsive movement continued, her pulse rose as high as 168, and she became extremely thin and weak.

However, after the exhibitions of high attenuations of Sulphur, Cocculus, Nux vomica, and Belladonna, she returned to her former state, and the convulsions of the limbs gradually subsided.

The medicines were generally administered in solution;

a drop of the tincture in one ounce of water, a tea-spoonful of the solution every 2, 3, or 4 hours, according to the urgency of the case. In a few instances the dose was repeated every hour; and, in one case, every quarter of an hour, until an amendment took place.

The dilutions used were the 2d of Aconite, Belladonna, Digitalis, Hellebore, &c., the 5th of Mercury and Carbo., and the 7th of Lachesis. For some time the 2d of Belladonna and Aconite were used instead of the 3d, as the supply of the latter was exhausted; and, in several cases, for the same reason, a grain of the first trituration was given instead of the 5th of Mercury. The results appeared to be much the same as regards the two first; but with respect to the mercury, my impression was, that the first trituration was not so good as the 5th dilution. I was, therefore, glad to get my supply of the latter dilution renewed.

I cannot quit this subject without presenting a few observations on the comparative merits of the allopathic and homœopathic methods of treating the scarlet fever; and as this fever offers to the allopathist more frequent opportunities of testing the principles of Homœopathy than, perhaps, any other acute disease, without any sacrifice of his scruples against trying what some call a "do-nothing system," as in a number of cases he can do so when he does not think himself called upon to act energetically, and as in other cases the patients cannot be made to take the allopathic drugs.

In the first place, the *milder* forms of scarlet-fever require, in general, little or no assistance from the physician. Here the allopathist will feel at liberty to use either belladonna or aconitum, as the case may be. He will find that the disease will more speedily be brought to a successful termination; and he may be assured that there will be much less chance of the supervention of local congestions, or other complications, than if he prescribed gentle laxatives, gargles, &c.

In the *inflammatory* form of the disease, where it is necessary to act speedily, as in a few hours the most dangerous complications may arise, the allopathist will perhaps hesitate as to the course to be followed; he may, with many, think it

necessary to bleed largely, to avert the dangers arising from local congestion. Now, let us see what are the opinions of practical authorities on the effects of blood-letting in scarlet-fever.

Blood-letting was recommended by Morton as the rule of treatment; and yet, in his hands, this practice was most disastrous. Huxham was so confident of its pernicious effects, in too many instances, that he abandoned it. In the latter half of the last century, Dr Watson, of the London Foundling Hospital, bled in the first and second stages of the disease without any apparent relief; he therefore recommends to be cautious in following this practice, which, in his hands, was followed by a mortality of nearly one in six. Dr Southwood Smith, who considered that "after a decided impression had been made upon the system, the application of ten or twelve leeches is of sovereign efficacy," lost ten patients out of sixty that were admitted into the London Fever Hospital in 1829. Dr Fothergill's testimony is decidedly against bleeding in this disease, as he generally observed it to be prejudicial, and not even affording temporary relief in the more serious cases. Dr Sims says that it would be much safer to prohibit bloodletting universally than to be at all free in prescribing it. Dr Williams was also averse to blood-letting, and says (p. 367) that if more success attended the treatment of scarlet-fever in this country than on the Continent, "he would ascribe it to the general disuse of bleeding and purgatives during the last thirty or forty years, within which period gangrene and dropsy had been much less frequent than formerly." Dr Williams, in his work on the Morbid Poisons, is averse to bleeding in the generality of cases, and limits its use to those cases where the inflammatory symptoms present a more sthenic form; even then he is satisfied with the application of leeches upon the throat.

It is, then, the result of the experience of practitioners, that blood-letting in epidemic scarlet-fever, is, as a rule, productive of the worst consequences. They, therefore, limit its use to those cases in which the inflammation is decidedly sthenic, and the arterial action very high; and even here they find it necessary to guard against a repetition of the bleeding, as their

experience proves that the loss of blood is not so easily borne as in other febrile disorders, and that the disease is but too apt to assume a malignant form after such treatment. One of the latest writers on scarlet-fever\* alludes to the difficulties which beset the allopathist in the management of *Scarlatina anginosa* in the following words:—"The symptoms indicate high arterial action; but the scarlatina miasm is very depressing; and the powers of life often sink even without artificial reduction of strength. Some physicians, therefore, let the arterial action have its full swing, for fear of subsequent exhaustion." . . . "The primary arterial action must sometimes be your guide. Sometimes your treatment must be regulated by a consideration of the depressing nature of the poison; the defective coagulability of the blood; and its consequent stagnation in the capillaries, especially those of the mucous surfaces." Now, it is precisely here that the difficulty lies with the allopathist. On the one hand, he has little or no benefit to expect from blood-letting; and, on the other hand, there is the great tendency of the disease to assume a low type, which forbids the abstraction of blood. To say that blood is removed only in the sthenic forms of the disease is only eluding the difficulty, without an attempt to solve it; for it so happens that, in most cases, it is not possible to distinguish between the sthenic and asthenic form of the disease at the outset; and the allopathist is exposed to convert a so-called "sthenic" into a malignant disease!

Fortunately, for the credit of the medical art, there are other and better means of bringing to a happy termination the inflammatory and congestive forms of scarlet-fever; and that, moreover, without exposing the patient to the danger of too great a "depression of the vital powers," by this "artificial reduction of strength." In the Guernsey epidemic, only one out of seventy-one cases, which were for the most part highly inflammatory, and in which the treatment was commenced at an early period of the disease, died of *scarlatina maligna* (see case 3, p. 94), and yet this patient was placed in the worst hygienic conditions possible. In two other cases, the

\* Dr Gregory's Lectures on the Eruptive Fevers.

symptoms were decidedly malignant ; and in a third, the malignant tendency was manifested, though in a less decided manner. These patients recovered. Now, considering the highly malignant character the disease assumed in different parts of the island under the allopathic methods of treatment, these results are highly satisfactory, and prove that not only was the treatment by Belladonna, Aconitum, Mercurius, &c., efficient in producing seventy cures out of seventy-one patients, under treatment from the outset of the disease ; but, moreover, the proportion of malignant cases was much smaller than amongst those patients who were under allopathic rule. That such results were the effect of the medicines administered, was abundantly proved by the speedy relief which they afforded when given early, compared with the more protracted sufferings of those who were placed under treatment at a later period. I trust that, whatever may have been the opinion of the reader upon this point of practice, he will, in the presence of such facts, not only shrink from having recourse to so dangerous a remedy as blood-letting, but will think it incumbent upon him to try the homœopathic remedies, or, at least, to inquire into the results of the system, as practised in large institutions.

In respect of the *malignant* or asthenic form of scarlet-fever, though the allopathist believes that he is imperatively called upon to administer stimulants, and that no other course can be adopted, I may observe that, supposing them to be good, it is not possible, in all cases, to give them, especially with young patients, who cannot be made to take any medicine at all ; sometimes, therefore, some other means are necessary. Let us here, again, compare the practice of both schools.

Amongst allopathists, it is considered necessary " to support the system " by means of stimulants and tonics, such as wine, alcohol, camphor, ammonia, cinchona, or sulphate of quinine, capsicum, the mineral acids, &c., &c., and some nourishment (wherever it can be given.) Perhaps those who advise these means, are not aware that some of them are perfectly *homœopathic* to the symptoms of scarlatina gravior. *Camphor* is used homœopathically in certain forms of disease in which there



is a sudden sinking of the vital powers, with coldness, cramps, and deficient action of the heart, with very small and slow pulse, &c. Hence its administration, first advised and put into practice in the incipient stage of the Asiatic cholera by Hahnemann and his followers, has been productive of the happiest results; it may, therefore, be useful in scarlatina, when such symptoms present themselves. *Cinchona* and quinine are *homœopathic* to certain forms of typhoid and putrid fevers; therefore it is not surprising that many allopathists should recommend their use. *Carbonate of ammonia* is frequently recommended in the *homœopathic* treatment of the scarlet-fever. Wine and alcohol are not used, because better remedies are at hand, and because the use of fermented liquors is, to say the least, attended with danger. Of all the other medicines, those most relied upon are the *mineral acids*. It is rather singular that here, again, allopathists should have used medicines given by homœopaths in typhoid or putrid fevers. They are recommended allopathically, because they are called antiseptics and tonics, or stimulants: we shall consider how they act. The hydrochloric acid, recommended by some authors, is a *homœopathic* medicine in the worst forms of *typhus fever*. Amongst the symptoms which it produces on the healthy subject are to be found—extreme prostration of strength, with disposition to sink down in bed; coldness and shivering; intermittent pulse; headache, as if bruised; deep ulcers and pustules on the tongue; sore throat, with excoriating pain; dryness of the mouth and tongue; vomiting; diarrhœa, and putrid ulcer on different parts, &c. If we turn over to sulphuric acid, which is a more general favourite, we find amongst its pathogenetic symptoms, sore throat, and roughness in the throat; aphthous ulceration in the mouth, and ulceration of the gums; dryness of the tongue; lips cracked and exfoliating; inflammation of the sub-maxillary glands, and salivation; hæmorrhage from the mucous membranes of the nasal fossæ, bronchi, and lungs, intestines, bladder, and uterus; and, in addition to those symptoms, subsultus tendinum, together with a small and weak pulse, petechiæ and gangrenous ulcers. Can such a medicine be called a tonic, when its direct effects on the

healthy frame are a state as closely analogous as possible to typhus or malignant scarlet-fever? The mode of action of nitric acid bears some analogy to the preceding; and of its beneficial effects in gangrenous sore throat we learn something from a paper by Dr Goullon, in the second volume of this Journal.

My object in calling the attention of the reader to this subject was to shew how experience has, by chance, led allopathists to adopt a mode of treatment, the success of which the homœopathic law, "*similia similibus curantur*," can alone enable us to understand. It has so happened that the treatment of malignant scarlet-fever by these medicines, namely, Cinchona, Sulphate of Quinine, Ammonia, and the mineral acids, has been more successful than by any other allopathic means; it is, therefore, satisfactory to know that these medicines are quite homœopathic to a *certain* number of cases, and cure on account of the power they possess of creating similar disease. Will these facts justify the allopathist in resting upon his labours, and continuing the practice at present adopted? certainly not. They should, on the contrary, stimulate him to inquire into the homœopathic law, and to learn in what cases these medicines may be useful; and whether there may not be others to apply in those instances where the mineral acids and bark are not appropriate.

The results obtained in the epidemic of last year are of themselves sufficiently satisfactory to give some weight to the above remarks; for out of 75 cases there were only five deaths,—and of these five patients, only one was placed under treatment at an early period. Of the four others, one was an infant, and already had a large tumour ready to suppurate, the consequences of which brought on the child's death; the three others were already in a hopeless state when they were placed under medical care. From the facts connected with the three latter patients, and from a comparison of the symptoms with those who were cured of the malignant scarlet-fever, it is more than probable that, if taken in time, their life would have been spared. To those who may doubt the probability of this, I may oppose the fact of seventy successful cases, and one only of failure, amongst those taken in time; and this failure might perhaps

be attributed to the circumstances which interfered with the treatment.

If we compare these results with those of the allopathic practice in the Hospital of St Peterport, the difference is strikingly in favour of Homœopathy. In that institution, there is an asylum for pauper children ;—seven of them took the fever, and were placed under the care of the surgeon of the establishment ; they were chiefly infants ;—four out of the seven died. Three other children were taken ill about the same time, but there was so little reason to believe that it was scarlet-fever, that, after being three or four days in the infirmary, they were allowed to return to their play-fellows.

The simplicity of the homœopathic treatment of scarlatina, and the success attending it, is a further proof that the new law discovered by Hahnemann, is the light which is to guide our steps in the field of medical practice, and extricate us from the numerous obstacles which surrounded us. With its assistance, we are able to retrace our steps at will, and thus to obtain landmarks to guide us in our onward course ; not that we wish to turn back, and loiter with those we have left behind, but that we are desirous of assisting them in finding the true path, and advance towards the attainment of that degree of knowledge which the human understanding is capable of possessing.

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#### SUGGESTIONS FOR AN IMPROVED PLAN OF THE MATERIA MEDICA.

By DR DRYSDALE.

The discovery of the Homœopathic principle, and the consequent proving of medicines on the healthy body, have made a complete change in the nature of the Materia Medica, which is now to be looked upon as a collection of narratives of the effects, or descriptions of the morbid states, produced by medicines, in the healthy body. In the reconstruction, therefore, of a Homœopathic Materia Medica, the same principles of semeiology and pathology must be applied as in the study of natural diseases ; so that, were this carried out, theoretically it

might be supposed that a complete *Materia Medica* would be, in all respects, analogous to a classified arrangement of diseases. In studying the action of any individual article of the *Materia Medica*, we should first collect detailed narratives, illustrative of its effects, just as in the investigation of natural diseases we would collect a number of individual cases ; and then deduce from these narratives the general sphere and character of the action of the medicinal substance, as we would deduce from the individual cases the general character of the disease, and the course of its symptoms. But here the analogy ceases to be complete. In the study of natural disease, the object is to bring out the prominent and characteristic features of each disease, discarding, as much as possible, the minor peculiarities of each individual case ; whereas, in the construction of a specific *Materia Medica*, the object is, on the contrary, to detect and bring into view all the individual peculiarities in the action of each medicinal substance. For this reason the arrangement adopted in works on Homœopathic *Materia Medica* differs materially from that followed in the classified descriptions of natural diseases, the numerous specialties in the action of each medicine requiring a particular arrangement for convenience of reference.

The plan of arrangement usually adopted, as for example in the excellent hand-book of Noack and Trinks, is to write down the symptoms according to a fixed succession of the organs and functions of the body ; then the pathological anatomy ; next is given a list of the diseases in which the remedy has been successfully employed ; then the antidotes ; and, lastly, the medicines are enumerated whose action most nearly corresponds with that of the one in question.

Every practitioner must have felt that this plan, however good, still has some defects, which it is desirable to obviate. A case under treatment, for example, presents a group of symptoms which suggest to the practitioner a considerable number of medicines, whose effects correspond, in a general way, to the symptoms observed ; but, on a closer examination, some characteristic symptoms are detected, which are produced by a comparatively small number only of the medicines referred to ; among these, perhaps, only one or two produce all the characteristic symptoms ; but, according to the present

plan, this can only be discovered by referring to the different medicines in detail,—a proceeding attended with much unnecessary trouble and loss of time. This might easily be avoided by the arrangement we are about to propose, in which, in a parallel column, may be inserted, opposite to each symptom, all the medicines which produce the same; and thus, on referring to a medicine which produces one of the characteristic symptoms, we shall be enabled, at a glance, to fix upon the one which produces the greatest number, and which is, therefore, the specific we were in search of. It may be said that this improvement is superfluous, as by referring to the repertory, with a little additional trouble, we should be enabled to accomplish the same object; but this is not the case, for, independently of the additional trouble, the repertory furnishes us only with the general symptoms, but not with the minor specialties; at least not with the same degree of minuteness as the detailed description in the proving.

Another advantage of this plan is, that it exhibits, at one view, all the symptoms for which there is no analogous medicine, and which are, therefore, peculiar to the one in question. On the other hand, the comparative frequency with which medicines occur on the marginal column, will point out, at once, those medicines which correspond most nearly in their action.

This plan has been partially adopted by Dr Hartlaub in his *Tabellen*, and has been found very useful; these *Tabellen* are, however, therapeutic tables composed of detached groups of the pure symptoms of certain medicines, arranged under general heads of disease, such as headache, toothache; fever, &c., but the principle has never been applied to the provings themselves. Its application to any considerable number of provings, will, of course, be attended with great labour, but the saving of labour to the body of practitioners will be more than commensurate.

We give, at p. 169, a sketch of the proposed plan. In carrying out this plan, it will of course be unnecessary to have marginal references to symptoms which are expressed in general terms, such as headache, cough, pains in the limbs, &c.; but, in that case, to distinguish those symptoms which have no analogous medicines, a mark of interrogation may be put in the margin (?).

**BRYONIA.**

gous Medicines.	Pathogenetic Symptoms.	Diseases to which applicable.
<b>HEAD.</b>		
an., Phel., Spong.,	Giddiness, with tendency to fall backwards.	Cephalalgia.
Caps., Mez., Acon., Bell.,	Expansive pressure in the forehead, and on stooping, sensation as if the brain fell forwards.	Congestive, rheumatic, and nervous.
Merc., Carb., Ign.,	Sensation of fulness in the head.	
Sulph., Cham., Ign., Rhus.	Jerking pains in the head.	Meningitis, &c.
Cocc., Ign., Mang., Spig., Bell., Chin., Nux.,	Headache, aggravated in the open air. Headache, accompanied by heat of the face, &c., &c. * * * *	
<b>RESPIRATORY ORGANS.</b>		
.	Hoarseness in the open air.	Catarrh.
?	Hoarseness, with tendency to perspiration.	Hoarseness. Influenza.
Puls., Spig., , Tart.,	Fluent coryza with chilliness.	Acute and Chronic.
?	Dry cough as if proceeding from the stomach, preceded by tickling in the epigastrium.	Bronchitis.
Dig., Dros., Ipec., Phos.ac., , Stram., Tart.,	Cough, accompanied by vomiting of food.	
?	Cough, accompanied by water-brash.	
Acon., Bell., Phos., Puls., Squil., Sulph.,	Cough, accompanied by stitches in the chest.	Pleuritis. Pneumonia.
., Ars., Nux., Sep.,	Expectoration of clots of blood.	Hæmoptysis.
roc., Tart.,	Respiration impeded by a sensation of heat in the epigastrium.	
?	Tightness of the chest: an inclination to take a deep breath, and on attempting, sensation as if something fixed was stretched, &c. &c. &c.	Asthma, &c.

**PATHOLOGICAL ANATOMY.**

red, scarcely crepitating, containing a considerable quantity of blood. of the pleura and effusion of lymph and serum. Heart distended, with rily coagulated and partly fluid blood.

Another improvement we would suggest is, the insertion, in a third parallel column, of the diseases to which the medicine is applicable opposite the symptoms from which its adaptation is deduced ; for, by separating the therapeutic action from the pathogenetic, the student is apt to fall into a routine practice. By the plan we propose, however, the connection between the characteristic symptoms and the disease is constantly kept in view ; thus, in fact, affording an ever recurring lesson in semeiotics.

#### PLUMBUM CARBONICUM.

BY DR CHAPMAN.

The following cases were treated successfully with this remedy :—

1. Mrs ——— æt. 54.

This lady had suffered at different periods, from puberty till the cessation of the catamenia nine years ago, from severe attacks of hysteria, in most of which she was oppressed with gloom and despair as to the condition of her soul. These attacks varied in intensity and duration, and she generally obtained relief only from travelling.

I was consulted by her in October 1843, under the following circumstances :—

Having been for some time previously in good health, but excited by the divisions in the Ecclesiastical body, she received a sudden shock from seeing a lady on her death-bed, five months before I saw her. A great depression of spirits succeeded to the shock ; and though habitually very temperate, she had recourse to various stimulants, at first in comparative moderation and openly, but soon immoderately, and by stealth. Sleeplessness, gloom, despair of her salvation, and moody taciturnity, with the fixed idea that she could only obtain peace and safety from receiving absolution from a priest of the papal church, were her predominant symptoms. She had been throughout life in her moral character unexceptionable, and even dignified ; in her religious sentiments she was a zealous Protestant. She had obtained the best advice from phy-

sicians of the allopathic school. The treatment had been chiefly by mercurial and other purgatives.

When I saw her, the face was nearly of a leaden hue, and there was a perpetual movement of the lips, as of one smoking, with a slight sound accompanying the movement. She was very silent, but when spoken to returned rational answers, and conversed with her accustomed judgment and propriety on any subject that was proposed, still considering herself as hopelessly lost, and with no chance of escape but by the way of Rome.

She complained of a "severe pain starting up from her back into her head, as if there was something working at the top of the head, with a sense of screwing from behind forward."

Some flatulence; the appetite good; bowels regular.

The tongue moist; pulse regular.

Frequent drowsiness by day, sleeplessness by night.

Profound melancholy, and frequent sighs.

I prescribed for her *Plumb. carb.* of the 3d trituration. She took the 8th of a grain night and morning. In a day or two she began to pass a great quantity of liquid, tar-like sordes; these liquid and frequent evacuations continued for ten days; the fecal evacuations then became more natural in appearance, but mixed with a quantity of skin-like matter.

I found that she brooded over any forbidden thing; and I advised her friends to leave in her reach, and for her use, wine, ale, &c. Though before this time she would steal out of the house in a servant's cloak and bonnet, to obtain herself supplies of stimulants, from the moment the prohibition was withdrawn she ceased to have any desire for any kind of stimulants, and altogether abstained from them. I further advised that she should be permitted to go to a Roman priest. She did so. I saw this gentleman the day after her interview with him, and explained her case to him. He behaved exceedingly well, and told her he could not give her absolution till she became a member of his communion; and that she could not become a member till she did penance in open congregation. She ceased to talk and think of the Church of



Rome; and in six weeks from my first seeing her she was quite well, and has continued so up to this time.

Her complexion, the constant puffing out of her lips, her daily drowsiness and nocturnal sleeplessness, and her profound melancholy, were the symptoms that suggested Plumbum to me. She had no other medicine except a few single doses of Opium, Nux vomica, and Veratrum.

2. Mr ——— æt. 39.

This gentleman had, in youth, been addicted to solitary vice; married at 23, but soon after was separated from his wife, when he resumed the pernicious habit, and continued it for seven or eight years.

He had been suffering from mental disease eight or ten years.

Had several times attempted suicide; has been in seclusion.

He consulted me early in January this year.

The greatest dejection and despair; fixed, moody look, with a constant scowl; never seen to smile. He believes himself to be lost; has the sounds of hell constantly in his ears; hears the voices and sees the shadows of demons; has a great disposition to make away with himself, or do himself some bodily injury. The gloom and taciturnity alternate with frantic delirium. Drowsy sometimes in the day, but his nights always sleepless.

He complained of constant pain and weight in the upper part of the neck, and at the back of the head. Complexion very dark.

Violent palpitation of the heart, particularly after eating, and increased from lying on the left side; pulse weak.

Bowels said to be regular, but evacuations very dark.

Seminal emissions very frequent, and frequently occurring while he has alvine evacuations; testes wasted.

Has spasmodic stricture.

He had Veratrum, and a liniment of Veratria, which was rubbed in at the nape of the neck night and morning. This relieved the pain and weight he had complained of; but the mental suffering remained the same. He was always under surveillance.

Stramonium was then given him for his spectre-seeing ; and this symptom was relieved, but without any abatement of his mental misery. He had occasional doses of medicines for constipation.

At the end of January I advised him to take a tepid bath every other day, because I found he had a complete goose-skin, and prescribed for him *Plumbum carbonicum*. In a day or two after there was sensible amendment ; and in a week or ten days from the time of his commencing the *Plumbum*, he was, for the first time for many years, " in his right mind." During the last six weeks he has been quite well,—his complexion clear ; his aspect cheerful ; his conversation ready ; his manners frank, and his mind resting happily on religious truth. The only symptom that yet remains is, that his sleep is occasionally disturbed by anxious dreams. I have every reason to hope that the cure will be permanent. He took the 3d, 2d, and 1st triturations of the *Plumbum*, in small doses, night and morning. He latterly took single doses of higher dilutions at intervals of several days. I saw him on the 24th March, and he was quite well.

3. The next case is one of a very different, but of a very painful description.

Mr ——— æt. 50. Enjoyed very good health till eight or ten years ago, when he suffered from constipation, blind hæmorrhoids, and occasional colic. For some time he has been apprehensive of having stricture of the rectum. He has suffered, with very few intervals, during the last eight or ten years intolerable pain, from spasms of the rectum, whenever he had evacuations. He has constantly, during that time, taken aperients. If the evacuations were not liquid, his torture was extreme ; if he passed a day without an evacuation, the suffering lasted for several days. He never has evacuations without taking aperients, or using the lavement. The usual duration of the suffering, when the evacuations are liquid, and he is in his best state, is an hour or two. His general health has not suffered as much as might have been expected. He describes his suffering as that of horrible constriction, and spasmodic contraction,—which is very much increased if the

fæculent matter is solid or figured. The suffering is confined to the rectum.

He consulted me on the 3d of August last year. I gave him a drop of the 3d dilution of *Nux vomica*. He had no return of the spasm, and no suffering till the end of October. He had some slight ailment, for which he consulted a surgeon, who gave him Calomel and other aperients. All his misery was at once brought back. He consulted me again on the 1st of November. *Nux*, *Ignatia*, and a variety of other remedies failed to give him relief. He was seldom free from the pains more than six hours in the twenty-four; and his torment was excruciating. I gave him Opium, mother tincture, and Plumbum of 2d trituration alternately, night and morning, for several days, and then Plumbum alone. This proved the specific in the case, and my attendance ceased on the 10th of December, since which time he has continued perfectly well; but has taken at long intervals a few doses of *Nux vomica*, *Ignatia*, and Sulphur, of high dilutions.

I have had his rectum examined, and its condition was found to be healthy,—a few hæmorrhoidal remains only excepted. He used the tepid bath, and I found a suppository of tallow useful. He introduced about an inch of mould-candle at night, and the next morning it came away with a copious evacuation. This was used as a substitute for the lavement, as the sphincter grasped the pipe of the lavement instrument, and the irritation was much increased.

Since December his bowels have been perfectly regular, and he has had no other help but molasses and porridge, occasionally, for his breakfast.

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Annual Report of the Hospital of the Sisters of Charity, at Lins,  
Upper Austria.

(Communicated by GEORGE HILBERS, M.D., now at Vienna.)

NAME OF THE DISEASE.	Remaining from 1843.	Admitted.	Cured.	Relieved.	Dismissed uncured.	Died.	Remaining.
Abscess, .....	...	6	5	...	...	...	1
... gouty, .....	...	1	...	...	1	...	...
Apoplexy, .....	...	2	1	1	...	...	...
Amaurosis, complete, .....	1	...	...	...	1	...	...
... commencing, .....	...	1	...	1	...	...	...
... arthritic, .....	...	1	...	1	...	...	...
Amenorrhœa, .....	...	5	4	...	...	...	1
Ascites, .....	...	2	...	...	...	1	1
Boils, .....	...	1	1	...	...	...	...
Burns, .....	1	1	2	...	...	...	...
Caries of the bone, .....	1	2	...	2	1	...	...
Chlorosis, .....	1	6	7	...	...	...	...
Congestion, .....	...	1	1	...	...	...	...
Convulsions, .....	1	2	2	...	...	1	...
Chronic vomiting, .....	...	2	2	...	...	...	...
Concussion of the brain, .....	1	...	1	...	...	...	...
... of the spinal marrow, ..	1	1	1	...	1	...	...
Catarrh of the lungs, acute, .....	2	8	10	...	...	...	...
... .. chronic, .....	1	5	6	...	...	...	...
... .. emphyse- matous, ... }	1	5	3	1	...	1	1
Chronic hoarseness, .....	...	3	3	...	...	...	...
Club-foot, .....	1	...	...	1	...	...	...
Colic, .....	1	5	6	...	...	...	...
... nervous, .....	...	1	1	...	...	...	...
... rheumatic, .....	...	2	2	...	...	...	...
Cancer of the intestines, .....	...	1	...	...	...	1	...
... of the lip, .....	...	1	1	...	...	...	...
... of the stomach, .....	...	1	...	...	...	1	...
Contusions, .....	...	2	2	...	...	...	...
Chorea, .....	...	1	...	1	...	...	...
Diarrhœa, .....	...	7	7	...	...	...	...
Diabetes, .....	...	1	...	...	...	...	1
Deformed foot, .....	1	...	...	...	1	...	...
Dysentery, .....	...	6	4	...	...	...	2
Dislocation, .....	...	2	2	...	...	...	...
Dropsy, general, .....	1	4	2	1	...	1	1
Eruptive diseases, .....	...	5	...	...	1	3	1
... .. Lichen, .....	...	1	...	...	1	...	...
... .. Scald-head, .....	...	5	5	...	...	...	...
... .. of the nose, .....	...	1	1	...	...	...	...
... .. Itch, .....	...	1	1	...	...	...	...
... .. Nettle-rash, .....	...	2	2	...	...	...	...
... .. Erysipelas, ge- neral, }	...	1	...	1	...	...	...
... .. of the feet, .....	...	2	2	...	...	...	...
... .. of the face, .....	...	5	5	...	...	...	...
... .. Scarlet fever, .....	...	1	1	...	...	...	...
Carried forward, .....	15	113	93	10	7	9	9

## Annual Report—continued.

NAME OF THE DISEASE.	Remaining from 1843.	Admitted.	Cured.	Relieved.	Dismissed uncured.	Died.	Remaining.
Brought forward,.....	15	113	93	10	7	9	9
Entropium, .....	1	1	1				
Effusion into the thorax, .....	1	2	1	1	...	1	
Fever, catarrhal, .....	7	7	7				
... gastric, .....	33	31	31	...	...	...	2
... inflammatory, .....	3	3	3				
... rheumatic, .....	45	44	44	...	...	...	1
... intermittent, .....	1	15	15	...	1		
Fracture of bones, .....	1	2	3				
Fluor-albus, .....	1	1	1				
Gout, .....	6	4	4	...	...	...	2
Hæmoptysis, .....	1	4	4	1			
Hysteria, .....	2	...	1	1	...	...	1
Headache, congestive, .....	1	1	1				
... periodic, nervous, .....	1	1	1				
... rheumatic, .....	2	6	8				
Hemicrania, nervous, .....	1	1	1				
Hooping-cough, .....	2	2	2				
Influenza, .....	5	5	5				
Imbecility, .....	1	...	...	1			
Inflammation of the aorta, .....	2	2	2				
... bladder, .....	2	2	2				
... ears, .....	2	2	2				
... eyes, rheumatic, .....	2	2	2				
... scrofulous, .....	2	1	1	...	...	...	1
... eyelids, .....	1	1	1				
... gums, .....	4	4	4				
... intestines, .....	...	2	2				
... chronic, .....	...	2	2				
... joints, rheu- } ... matic, .... }	...	9	7	...	...	...	2
... liver, .....	3	3	3				
... with as- } ... cites, .... }	...	1	1				
... lungs, .....	2	18	20				
... and valves } ... of heart, ... }	...	2	2				
... membranes of } ... the brain, }	...	1	1				
... nose, .....	1	1	1				
... ovaries, .....	1	1	1				
... peritoneum, .....	5	5	5				
... pleura, .....	1	14	14	...	...	...	1
... chronic, .....	1	1	...	...	...	...	1
... parotid gland, .....	2	2	2				
... periosteum, .....	1	1	1				
... spleen, .....	1	1	1				
... spinal marrow, .....	1	1	1				
... stomach and } ... intestines, }	...	1	1				
... throat, .....	1	12	13				
Carried forward, .....	27	340	315	14	8	10	20

Annual Report—continued.

NAME OF THE DISEASE.	Remaining from 1843.	Admitted.	Cured.	Relieved.	Dismissed uncured.	Died.	Remaining.
Brought forward,.....	27	340	315	14	8	10	20
Inflammation of the trachea, .....	...	3	2	...	...	...	1
... .. chronic, .....	...	1	...	...	...	...	1
... .. uterus, .....	1	...	1	...	...	...	...
... .. valves of the } heart,..... }	...	11	9	...	...	...	2
Jaundice, .....	...	1	1	...	...	...	...
Melancholia, .....	1	...	...	...	1	...	...
Menorrhagia, .....	1	4	5	...	...	...	...
Nervous debility, general, .....	...	1	1	...	...	...	...
Edema of the larynx, .....	...	1	...	...	...	1	...
... .. lungs, .....	...	1	...	...	1	...	...
Opacity of the cornea, complete, ...	...	1	...	...	1	...	...
Organic disease of the valves of } heart,..... }	...	7	...	5	1	1	...
... .. liver, .....	...	1	...	...	...	1	...
Paralysis of the bladder, .....	...	1	1	...	...	...	...
Piles, .....	...	1	1	...	...	...	...
Photophobia, .....	...	1	1	...	...	...	...
Rupture, incarcerated, .....	...	1	1	...	...	...	...
Rheumatism, acute, .....	2	52	53	...	...	...	1
... .. chronic, .....	...	3	3	...	...	...	...
Swelling of the cheeks, inflam- } matory,..... }	...	1	1	...	...	...	...
... .. lips, scrofulous,...	...	1	1	...	...	...	...
... .. scrotum,.....	...	1	1	...	...	...	...
Scirrhus ulceration of the rectum, ...	...	1	...	...	1	...	...
Spasm of the bladder, .....	...	1	1	...	...	...	...
... .. hysteric, .....	...	1	1	...	...	...	...
... .. stomach, .....	...	8	8	...	...	...	...
Scurvy, .....	...	2	1	...	...	...	1
Scrofula, .....	...	2	1	...	...	...	1
Strangury, .....	...	1	...	1	...	...	...
Tic dolooureux, .....	...	1	1	...	...	...	...
Tubercles of the lungs, .....	2	16	1	8	1	5	3
... .. with dropsy, ...	...	1	...	...	...	1	...
Typhus, .....	2	67	55	...	2	8	4
Ulcer, feet, .....	1	9	9	...	...	...	1
... .. atonic, .....	...	3	2	...	...	...	1
... .. varicose, .....	...	2	2	...	...	...	...
... .. scrofulous, .....	...	2	2	...	...	...	...
Vertigo, .....	...	1	1	...	...	...	...
Wounds, .....	...	3	2	...	...	...	1
Total,.....	37	555	484	28	16	27	37

	From — to 10 years.	From 10 to 20 years.	From 20 to 30 years.	From 30 to 40 years.	From 50 to 65 years.	From 65 to 80 years.
Admitted,	M. F. 9 13	M. F. 58 54	M. F. 66 116	M. F. 63 79	M. F. 25 25	M. F. 11 16
Died,.....	0 1	3 4	0 4	5 2	3 2	0 3

A few observations will undoubtedly suggest themselves to us on the perusal of the foregoing tables ; but, before referring to them, it may not be uninteresting to make two or three remarks on the general state of medicine in Austria at this time. The Austrian Government, with an enlightened policy well worthy the consideration of our own countrymen, pay the utmost attention to all things relating to the cure of the sick in general, and of the sick poor in particular. They provide medical instruction at the public expense for the student, who is required, by means of oft-repeated examinations, to attain to a high standard of qualification, before he obtains a licence to practise ; the authorities considering this of far greater importance than the due and accurate payment of large fees to surgeons, lecturers, &c. Hospitals, dissections, museums, and lectures, are all free ; and every facility is given to the industrious students to obtain a sound and useful medical education. Quackery of every kind is strictly prohibited ; and the vendors of medicines are debarred from the public sale of any drug which, from its powerful effect, might be productive of injury. It is not to be wondered at, therefore, that great attention is directed to the accuracy of the statistics of the various hospitals. A correct report, as to the state of each hospital in Austria, is required to be returned every month to the proper officer, and at the end of the year the whole are properly arranged and recorded. On statistics thus obtained, the utmost reliance may be placed, as collusion is impossible. It is to these that Homœopathy is mainly indebted for the position it holds in the Austrian dominions. Instead of its professors being proscribed and prohibited from practice, as was the case a few years since, it now numbers in Vienna alone, 60 practitioners within its ranks, many of them men of considerable talent and scientific attainment. Homœopathic hospitals are beginning to shew themselves in various parts of the country ; and the statistics of each afford abundant cause for its encouragement. But a still more important result of these statistics is the effect they are gradually producing on the minds of the physicians of the old school, who not being able to deny their accuracy, or refrain from seeing the superiority, in the results, of Homœopathy over

Allopathy, are, as a first step, we believe, towards conversion, sinking into absolute scepticism as regards medicine altogether. Allopathy is gradually losing its most talented defenders, and the curative power of Nature is usurping its place. As an instance of this, we may observe, that in pneumonia, one of the greatest authorities in Vienna, on diseases of the chest, publicly asserts, that, from his experience, when the cases are left to nature, the results are more satisfactory than when any of the usual means of Allopathic treatment, as bleeding, blistering, tartar emetic, &c., have been employed; that in this case he can save 6 out of 7. What, then, must we think of Allopathic treatment, when we are made acquainted with the fact that in 46 cases of pneumonia admitted into the Homœopathic Hospital in Vienna, during the past year, only one case terminated fatally, and that one was complicated with typhus? Facts such as these cannot but have due weight with men of talent and observation; and the Vienna school of medicine, one of the most—if not the most—distinguished on the Continent, is loudly demanding an entire reform in therapeutics in general. The first step to this has been already taken, in as much as the Society of Physicians has decided two most important points, 1st, “That medicines should always be administered singly;” and, 2dly, “That it is necessary that they should be proved on the healthy human body.” To the Homœopathist this must necessarily afford just cause for congratulation, as this was the starting point of the illustrious Hahnemann; and his followers must consequently hope and expect that it will conduct his present opponents to the same happy termination. This was the burden of his prayer to his brother German Physicians nearly 50 years ago. Had they then complied with his request, and carefully investigated these points, what a progress in true therapeutics might by this time have been made?

On turning our attention to the tables, we will first premise, that the hospital at Linz belongs to the order of the Sisters of Charity. It contains 30 beds, and is in no way inferior, as to cleanliness and the comfort of the patients, to the best hospitals in England. The patients are entirely under Homœopathic treatment we believe, in consequence of the excel-



lent results found to follow its adoption at the larger hospital in Vienna, conducted under the same charitable management. At the same time, it must be remembered, that it was not established for the advancement of the theory of Homœopathy, but for the sole advantage and benefit of the sick poor. The physician, Dr Reiss, officiates gratuitously, and visits the patients twice daily.

In the first table it will be observed that the average mortality is one in  $21\frac{1}{4}$ , not 5 per cent. ; and on further examination we see, out of 111 cases of inflammation of particular organs, including 5 of the peritoneum, 15 of the pleura, 11 of the valves of the heart, 3 of the liver, 20 of the lungs, 2 of the bladder, &c., &c., not one has terminated fatally. In the list of fever, exclusive of typhus, all have been cured with the exception of 1 ague, and 3 remaining in the hospital. In 69 cases of typhus, there are but 8 deaths ; a very small proportion, considering the malignity of the disease in Austria, and its consequently large mortality. The treatment of acute rheumatism is equally successful ; out of 54 cases 53 are cured ; and thus we might go on through the whole list. Is not this, we would ask, a sufficient answer to our opponents, who assert that Homœopathy is incapable of curing acute disease ? Are they prepared to assert that nature will cure pneumonia or pleurisy, inflammation of the valves of the heart, or of the stomach and intestines ? Will acting on the imagination cure acute rheumatism or typhus fever ? If so, why deluge their unhappy patients with noxious drugs and poisons ? Why not be content to let nature take its course, seeing that it is so powerful. Or if something to act on the mind is required, let them adopt Homœopathy, if it is only to substitute the pleasant sugar plum for the nauseous castor oil, &c. Surely it will have the same, or even increased effect, and will save their patients many an unhappy thought on the necessity of taking their draughts and pills.

Under the head of chronic diseases, we find numerous instances of cures, including scald-head, chlorosis, chronic inflammation of the intestines and pleura, chronic hoarseness, colic, and headache, &c. The time that these were in the

Hospital could not, in a great majority of cases, have been of any very long duration, as we may see from the list that the average time each case was in the hospital, was only 19 days. This is including the whole, acute and chronic. The deaths, also, be it observed, with the exception of typhus, are nearly all of chronic cases, to which Allopathy does not afford the smallest hope of relief; and their number is so small that they scarcely exceed the ordinary rate of mortality. Can a rational man, we would ask, in conclusion, hesitate longer in investigating a theory, the truth of which is rapidly developing itself? and which, if true, and fairly brought into operation, would be, as all must confess, of such inestimable advantage to mankind. All we want from our professional brethren is calm dispassionate investigation; and we are well assured that any one who will honestly give this will reap a rich reward for his trouble.

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#### REVIEWS.

1. *Homœopathic Family Assistant.* By GEORGE NEWMAN, M.R.S.C., Member of the British Homœopathic Society, London.
2. *The Homœopathist, or Domestic Physician.* By C. HERING, M.D., Philadelphia.

The multitude of popular treatises about Homœopathy and works on Domestic Homœopathic Medicine, with which the English press now teems, and the absence of all scientific treatises on a method of practice in its very nature imperfect and progressive, are no less mortifying, as indicating apathy on the part of the profession, than baneful in their influence, even upon this popular and superficial style of composition. To write any book upon medicine well, requires a certain amount of scientific training; and those who never have subjected their minds to this, nor accustomed themselves to the measure of a higher standard than the judgment of well-meaning but unqualified friends, make a melancholy exposure of the confusion of their ideas, and the poverty of their acquirements,

when they take upon them the responsible office of public instructors.

These reflections were strongly pressed upon our minds by the perusal of Mr Newman's work, whom, personally, as we have before declared, we cannot but highly respect for the integrity and firmness of his conduct. It is one thing, however, to be a good martyr, and quite another thing to be a good author; and we think it a great pity that Mr Newman, not satisfied with having discharged the former function to the admiration of all interested in the cause to which he bore witness, should have risked his fame upon the envious sea of authorship.

We do not propose to go into any lengthened criticism of either of the works before us, but shall content ourselves by pointing out what seems to us to be the most important faults and excellencies of each.

The cardinal vice we find pervading Mr Newman's work, is an extreme vagueness and inaccuracy in the description of diseases, so that the directions for the application of remedies are comparatively useless, from the want of a proper definition of the conditions for which they are suited.

For example, at page 8, we find "Inflammation of the Brain" thus disposed of. After observing that it is scarcely a disease which comes within the province of a domestic treatise, we find the following paragraph:—"In considering this disease, ACONITE seems more adapted to general than local inflammation, though, of course, this rule is to be taken with a certain limitation; in cases, in fact, where there are marked febrile symptoms (for which see article on Fever), it may prove of great service; but in others, *when direct inflammation of the brain has evidently begun*, BELLADONNA should be selected without loss of time, if a homœopathic practitioner be not procurable." Now, we would ask, how an unfortunate patient is to know that direct inflammation of the brain has begun? According to all our best authorities in medicine, it is the most insidious of all acute diseases, and the one which requires the greatest amount of diagnostic skill on the part of a physician; but here we have not one word to enable a person to tell whether this fatal disease is present; it is taken for granted, that

a man can have no more difficulty in recognising inflammation of the brain than inflammation of the eye, or toothache, or chilblains. Having gifted his readers with clairvoyance, it seems a work of supererogation to specify the medicines; for we cannot but think, that the same divination that detects this hidden lesion of the brain, may equally well anticipate the effects of Aconite and Belladonna upon it; and unless the readers of this book be so gifted, we really do not think it possible they can derive any benefit from its perusal. They are told, that, if marked febrile symptoms are present, they are to give Aconite; but if *direct* inflammation of the brain is present, to give Belladonna. What is this *direct* inflammation of the brain, without febrile symptoms, here spoken of? Is it not a very dreadful thing to slump half a dozen different diseases together, under the name of inflammation of the brain, and to bewilder the minds of ignorant people in imminent danger, and confiding to us for counsel, by such vagueness as this? It would assuredly have been an infinitely more humane course, to have mentioned the most characteristic symptoms of meningitis, and phrenitis, and acute hydrocephalus; and given the very brief list of medicines usually beneficial, with a statement of the danger of the disease, and the benefit of the examination by a medical practitioner. While, on the one hand, we have no description either of the symptoms or treatment of a not very uncommon class of afflictions, and a class for which the remedies are better ascertained than for most others, we are favoured, on the other hand, with a minute detail of the symptoms and treatment of a complaint of so exceedingly rare occurrence, as to warrant its omission altogether from such a compendious treatise as the one before us. At p. 169, we find INFLAMMATION OF THE STOMACH. "This complaint is always attended with the greatest danger; and, from the rapidity of its course, and the great fear of its ending in suppuration, or even mortification of the stomach, requires the most prompt assistance." Then follows a description of the symptoms of gastritis. This is, indeed, a most terrifying picture; and we are much relieved to find, that there are a good many ready-made weapons at hand to vanquish this dreadful disease. But whence, might we inquire, did Mr

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Newman acquire this curious information about the source and treatment of gastritis? The disease is so rare, that Abercrombie says,—“ For my own part, I have never seen a case which I consider as being of this nature ;” and he has collected the most remarkable cases on record, from Haller, Morgagni, Lieuteau, and others, in all, amounting not to more than half a dozen, and out of that number there is only one described as having ended in suppuration or mortification (*vide* Abercrombie on Diseases of Stomach, p. 14.) With regard to the treatment, we find only one case referred to in Ruoff's Repertory, as reported in the fifth volume of the *Allgem. Hom. Zeitung*. Again, we ask, whence is this information derived? If from personal observation of this extremely rare disease, would it not be well to publish in a scientific form a detail of the various cases which have come under Mr Newman's notice, as the detail could not fail to be most valuable; but if not from personal observation, from what unknown source of knowledge is all this about gastritis taken? We must confess that this chapter gives the whole work a very suspicious aspect in our eyes. It seems to us not unlike the famous article on Chinese metaphysics, which was written, as the candid author informed Mr Pickwick, by cramming first upon China and the Chinese, and then upon metaphysics. Our author seems to have got up first gastritis, and then the remedies from Jahr that seemed to correspond to the symptoms, and to have thrown the two together, as if they were both the result of his own personal experience. Would it not have been well to have imitated the candour of his prototype, and said,—“ I never saw a case of gastritis, and there are so few on record, as having come under homœopathic treatment, that I cannot speak positively about the remedies, but from the descriptions given of the disease, I should recommend that the following remedies be tried.” Had we met with such a frank confession as this, we should have had much more confidence in the rest of the work being the result of personal and tested experience. As it is, any student, with Jahr on the one side, and the *Cyclopædia of Medicine* on the other, could do as well. We are confirmed in this opinion of the way in which the book was prepared, by the confusion of different classes of symptoms which are

frequently met with throughout the work. For example, in the chapter on Apoplexy, which, by the way we are informed, depends upon a compression of the brain, occasioned by too great a flow of blood or *water to that organ*,—A flow of water to the brain! Whence? Where is the reservoir of water that disembogues upon the brain, and what are the laws of vital hydraulics which regulate the tide of this sea? Does it ebb or flow under the influence of the moon? And is it by the hidden fluxes of these mysterious waters that the brains of the moonstruck are agitated. This, however, is a digression. We wished to point out the confusion that prevails in regard to the premonitory symptoms of apoplexy, and the symptoms after an attack.—“Confining ourselves,” he says, “to the premonitory symptoms, the medicines *we* have hitherto found most efficacious in warding off an attack are, Lachesis, Cocculus Aconite, Belladonna, Nux v., Pulsatilla, and Opium.” We then have the special indications for the administration of each medicine in this premonitory stage, as *he* has found them most useful. Second in the list stands Cocculus; and the *premonitory symptoms* of apoplexy, in which this has been found beneficial are,—“When the paralysis is semilateral, and the parts affected insensible, and also vertigo, with convulsions, shaking of the head, and loss of consciousness,” &c. Loss of consciousness, paralysis, convulsions, premonitory symptoms of apoplexy! Till now, we have considered these the most unequivocal symptoms of that morbid lesion, which has hitherto, in a great measure, defied pathologists altogether to explain, but which Mr Newman considers due to a rush of blood or water to the brain, and which goes by the name of apoplexy. Again, we would ask, did Mr Newman really ward off an attack of apoplexy, which had gone thus far, by the administration of Cocculus? or did he find these symptoms under Cocculus in Jahr’s Repertory, and copy them from that?

It is to us quite inconceivable, that a practical man writing from his experience should confuse different stages of an affection in this way; and still more lamentable is it to find such an utter want of grasp of an acute disease, and a tendency to trifle with it, as we find displayed in his Remarks upon Inflammation of the Bowels, p. 174. After describing the unequivocal

cal symptoms of this most fatal of all inflammatory affections that Homœopathy has yet treated, and mentioning the chief remedies to be used, he sums up his short notice by saying,—“Where the existence of worms is suspected, we must have recourse to the treatment given under that head.” What! are we to be turned from our course of treatment in the most critical moment of a patient's life, when there is evidence of the deadliest and most unmanageable disease being present, because there is a mere *suspicion* of worms! Would the presence of worms prevent the operation of our remedies? or are worms so very formidable, that everything must give way to them? Worms seldom devour people when alive; and to suspend the medicines for checking inflammation of the bowels, out of respect to worms of the intestines, is a pretty sure way of supplying those of the earth with food.

After such specimens, we scarcely dare to characterise the book, and assuredly we should not have noticed it at all, were it not that we know there is such a demand for family guides and domestic assistants at present, that any book, however confused, ill-written, and mischievous, which assumes such a title, is sure of a sale.

It is quite refreshing to turn from the clumsy compilation of Mr Newman, to the original and forcible work of Dr Hering. In the former, all is at second-hand, and the author seems to have no idea of the relative importance of the different statements he makes; in the latter, it is obvious that the greater part of the book is merely the directions and advice which the author, as a practitioner, has been long in the habit of giving, written down in plain language, and arranged with a methodic simplicity, indicative of a scientific mind. There is a certain homely gossiping manner about the book, that may at first give the impression of its being superficial; but a little more attentive perusal will convince the reader, that this is merely owing to the peculiarity of style which Dr Hering has adopted; and, in reality, that it is a book deserving of attentive study, even by medical practitioners, as it is evidently the result of much patient observation, by an independent and accurate mind. What pleases us most about the book, is the sound common sense which pervades the whole of

it. There is no narrow sectarianism in it. He seems to forget altogether that he is a homœopathic author; and to recollect only that he is to give advice to those in need of it. This leads him on many occasions to recommend appliances in domestic practice, which we presume he has not recourse to in his own treatment of similar cases. For example, in treating of croup, he recommends leeches to be applied, a practice certainly not necessary if the proper medicines be given,—but a practice which is as certainly not injurious, and which, in the uncertainty attending the choice of medicines in domestic practice, can do no great harm. Do not let it be supposed from this, that either we or Dr Hering recommend blood-letting generally in acute diseases; it is only in cases where we have no security for the administration of the proper remedy, that we would employ means inferior indeed, but still proved, by ample experience, to be highly beneficial; and let those Homœopathists who scout the employment of the lancet at all times, and in all circumstances, remember that, by this zealot exclusiveness, they are really doing great injury to the cause they wish to advance, by occupying exactly the same position towards Allopathy, as we accuse Allopathists of assuming towards us,—that is, inveighing against a practice, as in itself mischievous or useless, which the experience of competent and dispassionate observers has decided to be beneficial. If we will not recognise the good of the old school, can we be surprised that it should treat our claims with indifference?

We do not know whether to reprehend or applaud a certain air of dogmatic assertion, and tone of confidence, which runs through the book. It would be certainly highly improper in a scientific work; but where the design is to give directions in so emphatic a manner as to ensure them being followed, perhaps the best way of doing so, is to speak of the success which will follow the adoption of the advice as being quite certain. We are sure that Dr Hering does not mean that in every case where the medicine is given according to his advice, the disease will vanish as if by the use of some potent spell; but merely that the more implicitly his directions are obeyed, the better chance will the patient have.

We regret to meet occasionally with certain whimsical state-



ments, mere figments of the author's mind, presented with all the gravity of ascertained facts. For example, we are told that, in drowning, the life is not really extinct until the third day. Now, as we know that submersion, for even a few minutes, entirely prevents the possibility of recovery, we do not see how Dr Hering can, by any possibility, have ascertained that life still lingered in its former tenement, without the body presenting any symptoms of its presence, but, on the contrary, the most loathsome signs of its absence.

Notwithstanding certain blemishes of this kind, we cannot but regard this book as a very great acquisition; and should be most unwilling to include it in the sweeping censure we felt it our duty to pronounce on Domestic Treatises generally. Besides, Dr Hering has vindicated his claim to write a domestic treatise, by having graduated in authorship, by the publication of many admirable, strictly scientific papers, and having established his reputation as a successful practitioner, well entitled to give advice. His book derives its name from him; he does not seek a name from it. We heartily recommend this little work as a most useful and innocent family counselor; and should not be surprised if, in time, it became, both for this country and America, the Homœopathic Buchan.

*Oesterreichische Zeitschrift für Homöopathie. 2tes Heft. Austrian Journal of Homæopathy. No. 2.*

We are glad to see that the Second Number of this valuable Journal sustains its promise of scientific tendency and practical utility.

It contains a re-proving of Aconite; a paper on the Epidemic of Measles in Klagenfurt in 1837, by Dr Watzke; and one on the Sufficiency of Hydropathy, by Dr Hampe, who examines and judges its claims in an impartial and scientific spirit.

In a few introductory sentences to the number, the editor replies to some of the criticisms which had been made on the First Number. The most important of these is, the objection which is almost universal, to the omission of the *Hahnemannic*

plan or schema in the proving of medicines. The editor still defends his opinion, but without apparent success; for his colleague, Dr Gerstel, has, in this very number, reintroduced the schema in the proving of Aconite.

The medicines, the re-proving of which are already done, and will shortly be published, are, *Gentiana cruciata*, *Bryonia*, and *Natrum muriaticum*. It is stated, that the proving of the last named substance (common salt) has yielded astonishing results.

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## INTELLIGENCE.

### CASE OF MR CORDWELL.

In consequence of a rumour that the death of Mr H. Cordwell, solicitor, aged 29 years, had been caused by the severe regimen enforced by his medical attendant, Dr Curie, on the 14th of March an inquest was held by Mr Wakley, and various witnesses examined as to the treatment pursued. It appeared from the testimony of the nurses and attendants, that from the 22d of February to the 2d of March, nothing but cold spring water had been allowed by Dr Curie. Upon that day Mr Cordwell became much worse, and a little beef-tea was ordered. In the evening he was seen by Dr Roots and Mr Headland. It appeared from their evidence, that they could detect no disease in the head or thorax; "the abdomen was flat, and so much drawn back to the spine, that it would hold water like a bason." The tongue clean, and the pulse 88, and weak; the surface of the body cold. There was much hæmorrhage from the bowels. He died two days afterwards. Mr Hancock, teacher of anatomy, examined the body, and reported that the head was healthy, the brain being, however, slightly vascular. The chest was fully formed. There was adhesion of both lungs and tubercles at their apices. The *ilium* and *cæcum* were ulcerated, and this caused the hæmorrhage. The body was very much emaciated, so that the muscles could be traced through the skin. Dr Roots and Mr Headland concurred with Mr Hancock in the opinion that death had been caused by ulceration of the *ilium* and *cæcum*, but that the disease could not be attributed to any particular cause, with any degree of certainty. Mr Wakley then called on the jury for their verdict, and, after consulting for an hour and a half, they returned the following—"The jury are of opinion that Henry Cordwell died from exhaustion, caused by loss of blood from the intestinal canal, produced by natural disease; and in complying with what the jury believe to be

their bounden duty, in returning their verdict in strict accordance with the sworn evidence of the medical gentlemen who have been called as witnesses, the jury cannot refrain from expressing the strongest feelings of disgust and indignation, at hearing it proved, by the testimony of the nurses, that the afflicted gentleman had been cruelly exposed to a system of starvation while in a state of the most extreme debility, during, at least, ten days previous to his death; he having, during that long time, been allowed nothing but cold water, by the advice of his medical attendant."

On the 17th of March the following letter appeared in the *Morning Post* :—

" TO THE EDITOR OF THE MORNING POST.

" SIR,—After having been accused of a fact from which I have been exonerated by the accusers themselves, I have been condemned for another, without having had the power of defending myself. The only resource left to me is to make an appeal from a one-sided judgment, formed without any explanation having been previously sought, to the impartiality of the public, who, before deciding, will require to hear both the accusation and defence.

" I hope, whatever your personal opinion may be, your liberality will permit me to make the following observations :—

" In all ages the medical profession has been divided by conflicting opinions, and the violence of the struggle has been in proportion to the degree of importance of the new ideas sought to be promulgated. At such periods, those who have not been placed by Nature above the old routines have shewn themselves constantly unjust and passionate to such an extent as even to deny the most palpable facts. I am, therefore, not surprised at the struggle which the homœopathists have to encounter with the old ideas, nor at the passion and injustice shewn by practitioners, who, although men of unquestionable abilities, will not admit any novelties of importance, even when the welfare of society depends on their reception. I am a homœopathist from conviction.

" At the inquest which has just taken place, my qualification as a physician was duly ascertained, and as, in addition to this, it was found that my medical treatment could not be called in question, it became necessary to find some other point on which an attack could be founded, and, if possible, so to conduct the charge as to leave me without the power of defence, or of entering into any explanation that might remove the false opinions thus sought to be created. My regimen has been judged and condemned. It is admitted, however, by many physicians, whether homœopathists or not, that aliments are hurtful in different ways in a morbid condition of the system. The most common reason is, because they cannot be digested, or with difficulty, or imperfectly. This happens even when the principal seat of disease is not in the intestinal tube, and, of course, it is much more to be dreaded when the disorder has the

stomach or intestines for its seat, and when these organs are seriously affected.

"I shall not here detail the numerous effects of imperfect digestion, the inconveniences and dangers which are its consequences, but only remark that it prevents the aliment administered from producing the effect we aim at, since it is not what we eat that nourishes us, but what we digest.

"Therefore, the first among all the dietetic rules is the following:— Whatever may be apparently the want of aliment never give any if it cannot be digested, and in no case give more than the digestive organs can deal with. These organs, when diseased, become often much worse under the influence of food, which produces irritation, and even when digestion is still possible, though difficult, the influence of the organic action required by it may spread much beyond the apparatus by which it is accomplished.

"It suffices to consider the sort of febrile action which always attends digestion, even in the normal state, to understand that it cannot but increase the fever or inflammation, if such conditions of the organism exist, or hasten their development, if any predisposition should be present.

"In the case of Mr Cordwell all the symptoms indicated serious alterations in the intestines. The typhoid fever was at hand, and the least irritation of the mucous membrane of the digestive organs could not but aggravate the state already so serious. The disease and food were both to be dreaded; the aliments could not nourish him, as he was not able to digest them. The correctness of this opinion has only been too sadly demonstrated by the unfortunate trial made by our honourable medical brethren, who, having an opinion contrary to mine, tried various kinds of food—"first one thing, and then another"—which were vomited by the patient up to the time when the vitality, exhausted by the struggle against the aliments, was finally extinguished. The beef-tea, not being able to go through the stomach, was found in that organ at the *post mortem* examination.

"The regimen which has just been made a subject of attack does not rest on any crude idea. Its efficacy is not merely supported by theory or by a simple hypothesis. We can demonstrate its good results by the report of cases at our Homœopathic Hospital in London, where 2753 patients have been treated, of which number only 53 have died, shewing one death in 51.603 cases.

"Very few hospitals in the world are able to set forth similar results, And these results will appear still more remarkable when it is remembered that Homœopathy being still a new practice, is very little known, and constantly misrepresented, and that patients consequently come to the institution where this mode of treatment is applied only as a last resource. Moreover, it is not only from my own personal practice that I can bring forward proofs, but also from that of Dr Ozanne of Guernsey,

of Dr Hanson at Melton Mowbray, of Dr Chepmell, resident physician of our hospital, and of all the homœopathic physicians who prescribe the same regimen.

" Besides this, it is a curious fact that the propriety of our regimen has been so fully demonstrated, that since the homœopathic cures could not be any longer denied, a great many medical men, our opponents, have attributed them to that very regimen, in order to deny the power of our medicines; while we now find that it is the regimen which is the basis of accusation. Our adversaries ought to be more consistent, if they wish to escape the appearance of partiality.

" That the regimen is safe, but that it is not the regimen but the medicines which cure, will be shewn by the fact that there have been cured at the Homœopathic Hospital in Hanover Square:—38 cases of cerebral affections; 43 epilepsy and paralysis; 26 amaurosis, deafness, deafness and dumbness; 5 cataract, fungus, fistula; 57 scrofulous ophthalmia; 218 gastritis, enteritis, and both complaints combined; 285 pneumonia, pleuritis, hydrothorax, bronchitis, &c.; 36 hooping-cough; 65 phthisis; 90 cutaneous diseases, scirrhus, cancerous affections, &c.; 36 scrofulous affections; 44 mercurial affections, &c.; in not one of which cases will it be pretended that diet alone could prove effective.

" In conclusion, I will merely add, that the institution where the mode of diet and regimen which has now been condemned is carried out, in conjunction with the homœopathic system, is widely supported (as will be seen by a reference to the list of subscribers) by the illustrious, the noble, and the talented of the land. I am, Sir, your obedient servant,

" P. F. CURIE, M.D."

The inquest and the letter of Dr Curie excited so much sensation in England, and the impression was so strong and general that the regimen he had enjoined was a part of the homœopathic system of treatment, that, at the solicitations of many adherents of Homœopathy, the following protesting letter was drawn up and published in the Morning Post:—

" TO THE EDITOR OF THE MORNING POST.

Nec protinus crimen artis esse, si quod professoris sit.—*Celsus*, Lib. ii., c. 6.

" SIR,—We, the undersigned homœopathic practitioners, feel ourselves imperatively called upon to repudiate certain dietetic doctrines put forward by Dr Curie in his letter, in your columns, of the 17th inst. These doctrines are not only at variance with the practice followed by us in the treatment of our patients, but in direct contradiction to the rules inculcated by Hahnemann, the founder of Homœopathy, as well as to those promulgated by the leading disciples of his school. It is neither our wish nor our intention here to enter into any controversy respecting the merits or demerits of the system of medicine we think it our duty to pursue, as opposed to any other system; nor is it our province to animadvert on the treatment of the late Mr Cordwell, by Dr Curie,

as evidenced at the inquest, and as subsequently defended by him in his letter. Had the matter remained where the Coroner's inquest left it, or had Dr Curie, in his public letter, confined his observations to the defence of the peculiar mode of diet prescribed by him in the case of his deceased patient, we (being totally unacquainted with the particulars of that case further than as it appeared in the public journals) should not have felt ourselves compelled to come forward thus publicly. But, as an impression (possibly an unintentional one) has been extensively conveyed to the public by Dr Curie's letter, that, in pursuing the course which he appears to have done, he was acting in strict conformity with homœopathic principles and practice, we feel it to be our imperative duty to rescue the memory of Hahnemann, and the system of medicine he has bequeathed to us, from the unmerited stigma which must be entailed upon both, in the eyes of the public, by a tacit admission on our parts, that a system of rigid abstinence, such as that avowed by Dr Curie in his treatment of Mr Cordwell, and other patients, is one essentially identified with the homœopathic principle.

"The system of rigid abstinence above alluded to is not only not authorised by Hahnemann, but strongly censured by him. In treating of the faults committed by physicians over anxious to interfere with the diet of their patients, he particularly remarks that this is one of the rocks on which so many physicians split, and comments upon the exploded practice of keeping patients in the so-called hot (putrid) fevers on water drinks, tea, &c., declaring that a universal medicine is an idle dream."

Then follow some apposite quotations from various works of Hahnemann, shewing that he particularly insisted that the diet should be specially suited to each individual case; that physicians often did mischief by too great a severity of dietetic regulation; and that one of the most important indications to be attended to, was the maintenance of the patient's strength. These views are corroborated by a quotation from Dr Simpson's *Practical View of Homœopathy*.

The letter proceeds:—"Were it requisite, we could quote numerous similar proofs from the works of many continental authors on Homœopathy; but we deem it unnecessary further to trespass on your courtesy and that of your readers. We trust that we have sufficiently relieved Homœopathy from the stigma of being a system of starvation; and, in conclusion, we again most distinctly and unequivocally repudiate all connection between Homœopathy and the system of dietetics which would appear to have been pursued, and which has been subsequently defended, by Dr Curie.

"Nothing but a sense of the injury likely to arise to a system of medicine, of which we are followers from conscientious feelings, and under many disadvantages, could induce us to acquiesce in the very general call made upon us to put forward the present declaration. (Signed) Frederick Foster Quin, M.D., London; Joseph Gilioli, M.D., London; William H. Mayne, M.D., London; Hugh Cameron, M.R.C.S., London; Harris Dunsford, M.D., London; William Hering, L.A.C., Lon-

don; S. T. Partridge, M.D., London; John D. Charles, M.R.C.S., London; Victor Massol, M.D., London; Thomas Engall, M.R.C.S., London; Alfred Day, M.D., London; William Wardroper, M.R.C.S., London; William Hamilton Kittoe, M.D., J. Chapman, M.A., Cantab., M.D., Liverpool; J. Drysdale, M.D., Liverpool; Robert Walker, M.D., Manchester; Edward Phillips, M.R.C.S.E., Manchester; Berry King, M.A. Oxon., M.D., Birmingham; Henry R. Madden, M.D., Brighton; Claudius B. Ker, M.D., Cheltenham; John Norton, M.D., Birkenhead; James Goodshaw, M.D., Dublin; George Newman, M.R.C.S., Glastonbury.\*

" March 25. 1845."

Shortly after the appearance of this protest in the *Morning Post*, Dr Rutherford Russell put a letter into the *Edinburgh Evening Courant*, to the effect, that from the way the case of Mr Cordwell had been represented in the papers, and the tone of Dr Curie's letters, a false impression was likely to be given to the public, that starvation was a part of the homœopathic system; that by reading the letter, signed by the leading practitioners in England, which is given above, this impression would be removed; for by it was shewn, that whether Dr Curie was right or not in the treatment of Mr Cordwell, the regimen he enforced was at variance with the rules inculcated by Hahnemann, and followed by other homœopathic practitioners. The letter concluded with these words:—"I shall not trespass further on your space than just to add, that the doctrines laid down in the letter last alluded to, are universally maintained by homœopaths both in Europe and America; and that were not the charge brought against homœopathic physicians of starving their patients (even though apparently sanctioned by Dr Curie), too manifestly untrue to obtain much credence here, no doubt the followers of Hahnemann in Scotland would have met it with a formal refutation."

The day after the protest had appeared, Dr Curie published a second letter in the *Morning Post*, defending, on special physiological grounds, his treatment of Mr Cordwell, and denying that he meant to implicate Homœopathy in the severe regimen he had enjoined, and afterwards defended. If such be the case, of course, as far as Homœopaths are concerned, there is no ground for difference of opinion; and we have only to regret (as we do most sincerely) that the ambiguity of the language Dr Curie employed, produced so strong an impression of the reverse on the public, as to call forth the general protest of the English practitioners; for assuredly, had it, from the first, been understood that the dietetic doctrines maintained by Dr Curie were to be understood as peculiar to himself, the other practitioners of Homœopathy would never have felt themselves in any way called upon to interfere either with his opinions or his practice.

\* Dr Brookes of London has intimated his wish, that his concurrence with this letter should be mentioned in this Journal.

## HOMŒOPATHY IN VIENNA.

*Extract from a letter from our Correspondent at Vienna.*

“ The other Homœopathists are eagerly experimenting with the 200th, 300th, 400th, 800th, and 1600th dilutions, alluded to by Gross, in the third No. of the *Neues Archiv*. I don't know whether I told you, in my last, that the Society of Physicians (Allopathic), at Vienna, had formed a committee for testing medicines on themselves; *more Hahnemanni*; according to the report I saw, the committee consisted of twenty members, and they had proved *Chelidonium*, *Belladonna*, *Arnica*, and *Chamomilla*, but so meagre and general are the reports of these trials, that they are quite useless to Homœopathists. However, they shew the dissatisfaction of the old school with their present therapeutic knowledge; they shew a reaction from the prevalent scepticism of the old school, which scepticism flourished nowhere so much as in Vienna, where one physician treats all his patients with *Decoct. Graninis*; another all his with sugar powders; another all his with water, and where universally the most important part of the treatment is the verification of the diagnosis in the dead-house. Whether they will go on with their investigation, and whether they will discover, in the course of time, the guiding star—whether they will one day find out how much more perfectly the medicines have been proved by Hahnemann and his follower, or whether they will founder for want of the guiding star, remains yet to be seen; but most probably they will imagine they are coming too near Homœopathy, take fright, and leave their labours but just begun.”

## MONUMENT TO HAHNEMANN.

We have received from Dr Rummel of Magdeburg, a circular, stating that the committee of Homœopathic physicians appointed to arrange about Hahnemann's Monument, have resolved to have one of bronze erected at Coethen, which was the first town where Hahnemann was allowed to practise. The Duke of Anhalt Coethen has granted the selection of a suitable spot near the railway. The sum collected amounts to 3500 dollars at present; and they anxiously expect aid from Britain, to enable them to complete a work of such general interest, in a style worthy of the memory of the man for whom it records respect.

We have no doubt but that this petition will be promptly and generously replied to by the Homœopathists of Britain; and we trust that the British Homœopathic Society will immediately take the matter up, and open a subscription, and transmit what they collect to Dr Rummel of Magdeburg. In the mean time, we shall be glad to receive donations; and we shall put ourselves in communication with any one whom the British Homœopathic Society may appoint, to collect and forward the contributions to Germany, in order that there be no loss of time or waste of money.

While we thus gladly forward what we regard as a sacred debt we owe to Hahnemann, we cannot refrain from expressing our deep regret (and we trust this expression of it may arrive in time), that those entrusted with the selection of the place should have fixed upon Coethen instead of Meissen. Hahnemann's connection with Coethen was temporary and accidental; it depended on the good nature of a German prince; it must in the nature of things, be forgotten in the course of years. His connection with Meissen was one of nature and necessity. Wherever Homœopathy has penetrated, the followers of Hahnemann



are in the habit of meeting to celebrate his birth-day, would it not be felt as ludicrous were they to commemorate the day of his setting up in Coethen? and has not the day of his birth the same relation to time that the place of his birth has to space? The birth of Hahnemann at Meissen was a great event for the world,—an event beyond the control of all the princes in Germany,—an event which will be recorded in the briefest chronicles of the world's history,—an event which must give perpetuity to the name of Meissen; but the fact of Coethen being his first (and temporary) refuge, is altogether so insignificant, compared with the other, that selecting it as the place for his monument has in it something absolutely grotesque. The only reason for so doing we can imagine is, that Coethen has no chance of being remembered without some such artificial memento; and that Meissen, by having been honoured to give birth to Hahnemann, has in him erected

“ Monumentum ære perennius.”

**HOMŒOPATHIC DISPENSARIES.**—We regret that several important errors, owing to incorrect information given to us, should have occurred in the Notice of the London Homœopathic Dispensaries, which appeared in last Number.

1st, The number of patients admitted at the West London Homœopathic Dispensary was stated at 412, instead of 1412.

2d, Instead of “ King Street Homœopathic Dispensary, opened in 1843. Physicians, Dr Quin and Dr Hering;” it should have been St James' Homœopathic Dispensary, No. 8 King Street, St James, opened 1842. *Medical Officers.*—Dr Quin, Dr Partridge, and Hugh Cameron, Esq.

We omitted mention of the *Islington Homœopathic Dispensary*, 20 Claremont Place. Attendance, Tuesdays, Thursdays, and Fridays. *Physician*—Edward C. Chepnell, M.D. *Consulting Physician*.—P. F. Curie, M.D.

#### BOOKS RECEIVED.

*Arnica Montana*, and *Rhus Toxicodendron*, as external remedies, with full directions for their use in cases of accidents, injuries, surgical operations, gout, &c. London, J. Leath, 1845.

*The Domestic Physician*, by Constantine Hering, M.D., Philadelphia. H. Baillié, London.

Rejected Cases by Dr Epps.

#### TO CORRESPONDENTS.

We have received Dr Luther's paper, which will appear in our next Number. Also, we have to acknowledge the receipt of a proving of a *Secale Cornutum*, by Dr Buchner of Munich. We shall publish a translation of this very interesting paper whenever we can find space for it in the Journal.

We beg to inform our American readers, that we have made arrangements for the regular transmission and distribution of this Journal in America, and we shall be glad to receive communications from practitioners in that country. They may be directed to Mr Radde, Broadway, New York.

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HAHNEMANN'S CORRESPONDENCE WITH DR STAPF.

(Continued from No. XI. p. 133.)

No. IV.

LEIPZIG, Sept. 1815.

DEAR FRIEND !—I send you to-day a little packet of symptoms obtained by some of my pupils ; also by *Herr Franz*, who delivers this letter to you. You will find they contain much good. *His utere tecum*. After you have copied them out, I beg you will return them to me, that I may again deliver them to each of the provers.

That you will find a great man who will come over to our side is, in the nature of things, impossible. If he be already a man of some celebrity, as you represent him, he can have become so only by means of the gross empirical art which he contrived to support, after some new fashion, by compiling in manuals the thousand-times ruminated trash of common medicine, or by hatching some unelaborated, unintelligible, fine-spun system, or by processes and fooleries of the ordinary sort, which he carried farther than his colleagues, and raised himself above them only by telling greater and more audacious falsehoods than they. Such an one has long ago decided on the part he must play ; he can worship only the false and so-

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phistical system which raised him to his place of honour. Never would he be able to recognize, from the wilderness of his multifarious knowledge, the dignity of simple, humbling truth; and he would be on his guard, if some helps did not reach him, to take them as little as possible under his protection, in as much as they would expose the falsehood of all his former knowledge, by which he had become so great, and would leave nothing sound or entire about him, and destroy himself and his knowledge. He must tread under foot all his mock-consequence before he could even begin to be our disciple; and what would then remain of the great man who could raise us by his countenance, since his infallibility must be laid in the dust; and the halo of universal knowledge, for which he was indebted to his exalted station alone, must first be extinguished, by the study of a new truth, before he will become a worthy scholar of ours? How could he become our *protector* without first receiving the truth we teach, that is, without *having* first entered our school? and then must be thrown away all that rendered him great in the eyes of the world; and even to perform a moderate service in our cause, he would stand in need of *our protection*, not we of *his*.

Our art requires no political levers, no worldly decorations. At present it grows with slow progress amid the abundance of weeds which luxuriate about it; it grows unobserved, from an unlikely acorn into a little plant; soon may its head be seen overtopping the rank weedy herbage. Only wait;—it is striking deep its roots in the earth; it is strengthening itself unperceived, but all the more certainly; and in its own time it will increase, till it becomes an oak of God, whose arms, unmoved by the wildest storm, stretch in all directions, that the suffering children of men may be revived under its beneficent shadow.

No. V.

LEIPZIG, Feb. 1816.

DEAREST FRIEND!—You have forgotten to inform me of one or two particulars respecting the affection of the face of Madam ——. Whether convex glasses, of an 18 or 20 inch focus, do not enable her to read, and whether she *do* not see

almost as well, or even better, with well adapted glasses, as she did when quite well. Whether, in short, she be not merely long-sighted? If this is the case, then, in the absence of improvement by medical treatment, spectacles would be an important resource. Most people must content themselves with this in such a case. But if spectacles do not altogether remove the weakness of the sight (which can be discovered only by experiment)—but, if even with the use of glasses, a dimness of sight remains, then it is a different affair. The most reputed homœopathic medicines against presbyopia with dimness of vision, are Bell., Nux., Mez. Drosera. Perhaps I shall find one or two more among the medicines, whose symptoms are not yet fully copied out. But, in the mean time, and in the absence of other symptoms, we must confine ourselves to Nux. This answers well to her great sensibility. Perhaps she is sleepy before the usual bedtime, and wakes earlier than most people—about 4 or 5 o'clock? So if the glasses do not wholly remove her blindness, let her get a globule of the 15th dilution of Nux. There will be no improvement manifest under five or six days.

Dr C. has been with me only once for an hour. If he directs his powers, of which he has enough, to the careful exercise of Homœopathy in his hospital, where it can be done with the greatest ease and certainty, he will then win for himself *our full respect*. In the mean time, we can only thank him for the good opinion of our noble art which he openly professes. You know that, with me, the deed, and not the word, is every thing.

I am much obliged to you for the symptoms you sent me. The narcotics, as Hyosciamus, are the most difficult to observe; so that I regret to find the short time during which each symptom was observed. The two first hours of their operation are the most distinct, and most worthy of attention. Afterwards there is nothing but secondary effects, even after small doses. Hyos. and Opium, can surely occasion painful sensations as their primary effects. But I cannot say more to you upon the point. For three thousand years and a half have these narcotics befooled an inobservant world. We must make an exception; for from whom but us is any thing to be expected?

*Moschus* MUSK is good, although of limited effect.

*Ammonium causticum* has its value (the jaundice and symptoms are of importance), but only as a compound medicine, composed of Ammonium and Causticum.

You would do the medical world an essential service, if you were to prove carbonate of ammonia, after it has been washed with alcohol until it has lost all smell (which arises from containing caustic ammonia, for this alone has smell, and is soluble in alcohol), and contains nothing but ammonia and carbonic acid. This is to be regarded as a simple medicine, and it yields symptoms quite different from Ammonium Causticum.

Next Easter, if God will, the second part of the *Materia Medica Pura* will appear, and it will be a little bigger than the first, and in it you will find the symptoms of Causticum pretty fully worked out.

The following letter of Hahnemann's was written to a patient; and it will, we trust, be neither uninteresting nor un instructive to have an example of his manner of addressing his distant patients.

#### No. VI.

[A Letter written to a young man of letters, who suffered from considerable weakness of the sight, in consequence of too much reading and writing, and which was cured by his following the dietetic and therapeutic directions of Hahnemann.]

DEAR Mr —,—If you will accurately follow, and be content with what I can prescribe for you at a distance, I will undertake something. May God bless our endeavours!

First, as to your mode of life. Mental application and severe study is the most unnatural employment for young persons whose bodily system is not fully developed, especially for such as are endowed with great sensibility of feeling. (This had nearly cost me my life when I was between 15 and 20 years old.) Severe study and deep thinking requires a greater expenditure of vital force than thrashing in a barn—this is a trifle to that. And how can the body, which requires the combination of so many powers for the perfection of its growth (for

this is the first, the most essential, and the most irrepressible effort of the body), endure not only the waste of these powers directly, by study, but the repression of the development of the muscular system and the deprivation of fresh air—both so essential to good digestion—without violent disturbance of the whole economy, or morbid affection of those parts which are most exhausted by study, viz., the brain, nerves, and eyes?

Had I perceived this when I was your age as distinctly as I do now, I should by this time have made much greater advance in my acquirements, and been able to render the world much more service.

The development of the body and its powers should greatly precede that of the mind. The mind can only do its work so long as the bodily organs it requires for the manifestation of its powers are vigorously supported by the integrity of the rest of the body. What great work can be accomplished when the instruments required to effect it are weak and insufficient? It is only in a strong firm body that the mind can strengthen itself, and for a length of time undertake and accomplish great and valuable projects. Conrad Gesner's imperishable work on natural history would never have appeared—he never would have completed it,—had he not perceived just in time that his feeble body could not long endure the life of study, combined with bodily inactivity and confinement to his room, without falling into dissolution. He immediately fell upon a contrary bracing system, fitted to strengthen and develop his body; and thus he became robust, and was able to complete that work which now astonishes us. He would likely have lived to an old age, had he not been carried off by the plague.

Upon these facts, with a few words of introductory advice, the following regulations are built. The more cheerful, stronger, and firmer, the sense of bodily health, the more surely and perfectly will the mental operations go on; and all the time bestowed on the development of the body will yield high interest, by the subsequent power and alacrity of the mind, so that a man shall be able to accomplish more in half an hour, than he could before by sitting in his study for half a day. This last is a wearisome limp; but the other is the free and easy swing of the mind.

You must not open a book for an hour after dinner. By 8 o'clock in the evening you must cease all writing and reading; then the blood must be allowed gradually to resume its tranquil current through all the limbs, and cease its determination to the head (which it was excited to by severe thinking). The pulse must be quiet until 10 o'clock, when you should go to bed. The best way of employing these two hours is in friendly social intercourse, which does not require exertion. You must not eat any animal food in the evening, but you may take a little white bread between 6 and 7 o'clock. Dinner should be substantial and nourishing, almost without spices and salted dishes. You should not often eat pork, and veal very seldom. Take no tea, nor coffee, nor wine; but you may take a little beer, if it be not too much hopped.

*You must take a walk for a full hour every day in the open air, let the weather be what it will.* You can choose the best part of every day; and if the weather be not good, you must yet go out, even in the worst. A change of clothes and shoes prevents all bad consequences. If you have an opportunity of learning fencing, you must fence for half an hour into the bargain, for exercise to the body and strength to the arms; for you should learn to fence with both arms. If you cannot get fencing, you must content yourself with the dry and tiresome substitute of sawing wood for half an hour.

It is only by strengthening the whole body that we can hope to effect a cure of your eyes. The edifice tumbles to the ground when it is built on a marsh or on sand.

You must not begin the medicine until you have followed the regimen for five or six days.

You will take one of the medicated globules every evening, according to their number—that is, the first in the little glass the first evening, and those in the paper the following evening. After you have finished the eleven globules, then report fully to me all the changes that may occur, and continue their use until you get fresh medicine from me. You had better write down your sensations every day, and send me the journal. (You will perhaps feel a little unwell the first twenty-four hours.)

REPORT OF THE MORE IMPORTANT CASES TREATED BY DR  
FLEISCHMAN AT THE HOSPITAL OF THE SISTERS OF CHARITY  
IN VIENNA, FROM 1ST OCTOBER TO 31ST DECEMBER  
1842.

Communicated by Dr ROTHANSL.

1. *Nervous Fever (Abdominal Typhus).*

Of 45 cases admitted into the hospital, 7 died, being in the proportion of 1 to 6.4. In the treatment, *Arsenicum Album*, as formerly, was the principal mean employed. The general indications from its use were as follows:—*Loss of strength, varying in degree up to the greatest debility, insomnolence, skin dry like parchment, and hot, vertigo, tinnitus aurium, with deafness, peculiar contracted countenance, parched chapped lips and tongue, with black or foul-looking tenacious sordes, insatiable thirst, abdomen swollen, tympanitic, and painful on pressure, thin and foetid or bloody stools, passed involuntarily.* The following cases merit special notice.

A. E., a weaver's apprentice, æt. 15, had felt unwell for a week. Complained of general debility, vertigo and heaviness of the head, anorexia, great thirst, and constipation. The skin felt hot and dry, the face was flushed, the eyes sparkling, pulse quick, and the speech unusually hurried. *Belladon.*, 3, every three hours, was prescribed. After three days the strength failed greatly, and low delirium came on; the skin was burning hot, and dry; tongue being dry, moved with difficulty, chapped, and coated with a brown fur; speech faltering; the motions, extremely foetid, dark brown, and liquid, were passed three or four times daily, without pain. The debility increased until the patient was unable to move or speak, and had wasted to a skeleton. He recovered, however, under the use of *Arsen.*, 3, every three hours, cold applications to the head, and repeated washing of the hands every two hours. During convalescence, a frequent severe cough, with difficult viscid expectoration, yielded to *Senega.*, 3.

M. W., æt. 30, and robust, was admitted, complaining of pain of the throat. The following symptoms appeared on examination:—*Insomnolence, nocturnal delirium, great heat*



of the skin and head, vertigo, humming noise in the head; the countenance was pale; tongue thickly coated, and rather dry; the throat felt rough, and the mucous membrane was slightly reddened; there was hoarseness, anorexia, with great thirst, and frequent, sometimes involuntary stools, *with a dry painful cough*. On examination with the stethoscope, obvious pulmonary catarrh was detected. Phosphor., 3, and Hyoscyam., 3, every three hours, were employed without benefit, and the patient died on the 14th day of treatment. On examination after death, considerable œdema and bloody injection of the lungs was discovered, and numerous typhoid ulcers in the intestinal canal.

Joseph H., æt. 16, a weaver's apprentice, had gone about, during a fortnight, complaining of headache, lassitude, and loss of appetite. He now had vertigo, tinnitus aurium, chilliness, and general muscular debility; his head was hot, the tongue red and dry; there was thirst, with anorexia; the abdomen was distended, and tender on pressure in the ileo-cæcal region; there were from ten to twelve fluid stools daily; pulse rapid and weak. Arsen. 6, was taken every four hours for seven days, without producing much effect upon any of the symptoms, except the diarrhoea. Bronchitis and inability to speak continued to increase; the patient was delirious day and night, and extremely violent; when we had recourse to Arsen. 4, and Bellad. 3, alternately every three hours, and he gradually recovered. Troublesome tinnitus aurium and deafness continued for some time, but wholly disappeared under the use of Bellad. 3.

Anna H., æt. 20, of strong constitution, had diarrhoea during five days. Her head was giddy, tongue coated and dry, especially at night; no appetite, and great thirst; respiration was anxious, and the abdomen painful on pressure. She had two or three fluid stools daily, with rumbling in the bowels. The pulse was full and quick, the skin dry, and sleep uneasy. The patient took Ipecac., 1, every three hours. After a few days frequent and troublesome flatulent eructations came on, but yielded to Acid. Sulphuric. 3.

*2. Gastric Fever and Gastric Irritation.*

These go hand in hand with typhus fever, the prevalence or infrequency of the one being attended with the prevalence or rarity of the other. It is not uncommon to see the most severe cases of typhus commence as slight gastric affections. An obviously exciting cause could scarcely ever be discovered. The treatment was varied in accordance with the diverse modes of appearance of the disease.

J. S., æt. 24, a weaver, felt unwell for fourteen days, and complained of general debility, with rigors, a dull pain in the forehead, and loathing of all food. The tongue was coated with a white fur; there was increased thirst, with an insipid taste in the mouth, sensibility on pressure in the cardiac region, and a weak pulse. Ipecac., 1, every three hours restored this patient to health in a few days.

Theresa C., æt. 16, a servant girl, five days previously had eaten to excess of a plum-tart, and vomited copiously in consequence. On the fifth day of her illness she complained of her head being affected. She had a bitter taste in her mouth, with nausea and eructation; tongue coated, and thirst, moderate; the abdomen was distended and painful, and during the day there was frequent diarrhœa, with flatulence; the pulse was slow, and she felt alternately hot and cold. Antimon. Crud., trit. 3, every four hours. The patient was quickly cured.

Maria M., æt. 17, was admitted on the 8th October. She had troublesome vertigo; the tongue was coated with a slimy fur; there was increased thirst, and loss of appetite. She had a slimy taste in her mouth, frequent eructations, with loathing of all food; tearing and drawing pains in the hands and arms, as high as the shoulder; the epigastrium painfully distended; bowels constipated; and pulse accelerated and small. Bellad., 6, every three hours. The patient was dismissed cured, on the ninth day.

Charles P., æt. 23, robust, had suffered from indigestion during three weeks. He had eructations, with taste of the food eaten, and headache. The tongue was furred; no appetite, with nausea, and loathing of animal food; there was in-

creased sensibility of the cardiac region, and he had a motion every second or third day only, sometimes fluid and sometimes solid. He was cured in about nine days, with Ipecac., 1, every three hours.

### *3. Rheumatic Fever—Rheumatism and Inflammation of the Joints.*

These forms of disease were very frequently seen, from the long continuance of changeable, cloudy, cold, and damp weather. It is worthy of remark, that the treatment of these affections was greatly facilitated and shortened by the use of cold water and ice, in the form of dressings and washings.

Antonia B., a servant maid, æt. 44, had suffered from rheumatic pains two years ago, and recently, from exposure to cold, was again attacked with convulsive tearing and drawing in the whole body, especially in the head and pectoral muscles. She lost her appetite, the tongue was furred, and pulse quickened. Sometimes she was hot, with relief to the pains; and sometimes chilly, with increased suffering. No stool for five days.

Pulsatilla, 4, every three hours. The pains were somewhat aggravated during the first twenty-four hours; but afterwards they gradually declined, and in a fortnight the patient was restored to her usual health.

Joseph L., æt. 31, had suffered, for eight days past, severe tearing and pricking in the upper parts of the right arm, and corresponding half of the chest. The arm was somewhat swollen and red, and painful on motion and even respiration; severe stitches shot through the chest; the pain was, however, felt more externally; with increased thirst, impaired appetite, and quick pulse.

Acon. 6, every three hours, and cold water dressings to the seat of pain, quickly relieved the severe pains; the arm regained its motion, and the pain was relieved.

Josefa W., æt. 20, of strong constitution, was admitted in November; complaining of tearing and prickling in the feet, increased when at rest by pressure, and on lying down; she had rigors, no appetite, a feverish pulse, and dry skin. Rhus,

3, four times daily, and cold washings, cured the patient in five days.

Wenzl F., æt. 29, after exposure to cold, had rigors, with painful drawings in all his limbs, increased on motion; his head was affected; there was little appetite or thirst, the tongue was furred, and the pulse accelerated. Bryon. 3, thrice daily, quickly removed the disease.

A servant girl, æt. 18, was affected with tearing and prickling in the feet after exposure to cold, and was in consequence admitted into the Hospital. The head was hot and painful; no appetite, the respiration hurried, the pulse full and rapid; no stool for three days. The articulations of the hands and feet were much inflamed and swollen, and the pain was insufferable; the skin was soft, and the urine dark, with a brick-red deposit. Aconit. 6, every four hours, and cold washings, were employed during five days, without any perceptible amendment, which, however, speedily occurred, and went on to perfect recovery, so soon as Aconit. was exchanged for Pulsatilla, 3, four times daily.

#### *4.—Inflammation of the Throat.*

Petronella S., æt. 31, had complained of pain of the throat for three days; the head was affected, the tongue furred, no appetite, increased thirst, and swallowing with pain and difficulty; the tonsils and uvula were considerably swollen, and exhibited at first numerous minute ulcers. The respiration was panting, with the mouth open, and the pulse febrile. The disease was cured by the employment of Hydrarg. trit. 3, every three hours during four days.

Anna R., æt. 14, complained of severe pain of the throat, affection of the head, and loss of appetite. The tongue was coated, the tonsils and uvula inflamed and swollen, the secretion of saliva augmented, the bowels constipated, respiration difficult, the pulse small and rapid, the skin dry, and she had alternate heat and chills. Bellad., 3, three times daily, effected a cure within three days.

#### *5. Inflammation of the Lungs.*

Phosphorus was almost universally employed, and with re-

markable results, as is exhibited both in the Quarterly and Annual Reports. Of 48 cases of Pneumonia, admitted during this year, some of them at a late period of the disease, and frequently with lungs already hepatized, only two died. The following cases are worthy of note.

Anna P., æt. 58, of feeble constitution, had already suffered thrice from inflammation of the lungs. On the 7th December she was again taken ill, but was not brought to the Hospital till the 14th. Her countenance was pale and bedewed with perspiration, the eyes dull, tongue furred, no appetite, increased thirst, the respiration short and abdominal, accompanied with a severe and frequent cough, and a rust-coloured expectoration. The physical signs were, dull sound on percussion, bronchophony, indeterminate respiratory murmur, loud crepitous, and mucous rales; the pulse feeble, and scarcely to be counted. Phosphor., 2, was given every hour. During the following night the patient was very restless, the dyspnœa and difficulty in expectorating the copious mucous secretion continued to augment, and it was evident that the inflammation had gone on to hepatization. The patient died. The *post-mortem* examination exhibited general adhesion of the lungs, and partly red, partly grey hepatization, with old pleuritic effusions.

Anna S., a servant, æt. 28, was seized, a week ago, after having taken a cold drink, with severe rigors, followed by cough, vomiting of a green fluid, and headache. On admission she complained of affection of the head, great thirst, loss of appetite, and constipation. The tongue was coated, with a bitter taste in the mouth; the respiration panting, short, hurried, and interrupted by frequent paroxysms of coughing; deep inspiration was scarcely possible, each attempt being followed by severe coughing, with scanty mucous expectoration. She lay most easily upon her back, every other position produced pain and stitch in the left breast; the pulse was full and rapid, the skin hot and dry, and the urine red. The sound on percussion was dull behind and above; the stethoscope indicated bronchial respiration behind, with whistling and mucous rales before.

Phosphor., 3, every three hours. In three days its good effects were apparent; the pain diminished obviously; the patient

expectorated freely and copiously; the bronchial respiration was only faintly audible, the crepitating rale being heard instead. The skin was moist, and the pulse, though still frequent, was not so full as formerly. We could distinguish the pneumonia undergoing resolution, and within a week no morbid symptoms remained; the patient was dismissed.

Anna A., æt. 30, three days ago was seized with shivering, which was followed by heat and perspiration. The patient was unable to stand; she had a sense of oppression at the chest, with sharp stitches between the shoulders, which were increased by a severe cough. She attempted, notwithstanding, to pursue her domestic occupations during the two following days. On the third day of the disease she was brought to the hospital. Her head was hot; increased thirst; no appetite; the tongue dry, with a slimy taste in the mouth; breathing anxious and short; deep inspiration caused stitch in the breast with cough, which was also provoked by every movement, especially by sitting up; it was constant, with bloody expectoration; the pulse was very quick and full, the skin dry, and the urine red. The physical signs were, dull sound on percussion behind and above on both sides; the respiration was strongly bronchial. Phosphor., 2, every two hours, was sufficient to restore the patient entirely in ten days.

A tailor's apprentice, æt. 14, much employed in carrying wood and water, was suddenly attacked with cough, bloody expectoration, and oppression at the chest. On examination, the sound on percussion was found to be dull on the left side above, with bronchial respiration and bronchophony. The patient coughed much till the perspiration bedewed his face; the expectoration was glutinous and very frothy; his eyes sparkled, and the head was hot and very painful. Respiration was short and hurried; the thorax scarcely moved; deep inspiration was nearly impossible, partly from the severe cough, and partly from the pain in the chest; pulse quick, hard, and full.

Phosphor. 3, every three hours, was given; and on the 5th day feeble bronchial respiration and crepitation were alone audible, the cough diminished, and in a few days the patient was dismissed.

Joseph K., æt. 52, a mason, was admitted on the 6th December. His head was hot and painful; the tongue coated yellow, little appetite, and increased thirst; breathing short and anxious, attempts at deep inspiration being followed by long continued cough and copious bilious expectoration; the chest was nearly fixed, painful stitches darting through it on every motion. There was dulness on percussion, both behind and before, with bronchial respiration, and whistling rales; the pulse very quick and full.

Phosphor. 1, every hour. There was very little improvement at the end of two days; on the contrary, the patient became generally jaundiced; the skin was quite dry; the expectoration consisted almost wholly of vitreous matter, mixed with mucus, and was rather vomited than coughed up. Phosphor. 1, was continued till the 11th December, and then exchanged for Phosphor. 3, every three hours, after which the pneumonia and jaundice began to decline, and by the 18th were wholly resolved.

The young wife of a gilder, in the third month of pregnancy, and twice previously the subject of inflammation of the lungs, had suffered for three days from severe stitch in the left side of the chest which prevented sleep. The head was hot, the face flushed, respiration hurried and laborious, and accompanied with groaning; the sound on percussion was somewhat dull on the left side above, both behind and before, with bronchial respiration on the left, and above on the right side; violent cough without expectoration; pulse feverish and hard; she had two attacks of epistaxis. Phosphor. 2, every two hours, produced complete resolution of the pneumonia in six days.

#### *6. Chronic Cough and Chronic Hoarseness.*

Anna R., æt. 24, a servant of feeble constitution, had suffered for two months from a dry cough, with complete loss of voice. She had been treated during this period with leeches and calomel, by which the disease was aggravated. She was unable to speak above a whisper; her throat felt constantly dry, and as if covered with dust; the mucous membrane was redder than natural; the cough was dry and hoarse, and increased by deep inspiration; her breathing was hurried, and

she had a sensation of burning and pressure beneath the sternum; the pulse was rather quick. The stethoscope indicated harsh vesicular respiration. The voice became audible in two days, under the use of Hépar Sulphuris Calc., trit. 3, three times daily; the cough disappeared, and in five days the patient was cured.

#### 7. Chlorosis.

Leopoldine B., æt. 17, in whom the catamenia had not yet appeared, feeble, with a pale, puffed countenance, complained of fatigue of the whole body, especially of the feet; the appetite was diminished, the tongue furred, with a bad taste, frequent eructation, breathing short, especially on motion; the pulsations of the heart stronger and more frequent than natural; in the carotids, the *bruit de diable* was distinctly audible; pulse feeble and slow. After fourteen days' use of Pulsatilla, 4, the patient improved, and left the hospital cured in a month.

Magdalena C., æt., 19, of phlegmatic temperament, had complained for a month of periodic headache, sometimes severe, with vertigo, weariness in the feet, frequent vomiting, and palpitation of the heart on every movement; the tongue was furred, thirst and appetite moderate, sleep very uneasy, breathing short, pulse weak and slow. The catamenia had not appeared for two months, and she had a chlorotic appearance. Ammon. Carb., 4, every three hours, was taken for three weeks, during which time the appetite improved, the headache went off, the palpitation ceased, and the catamenia returned, and in greater quantity than formerly.

#### 8. Intermittent Fever.

A weakly boy, æt. 11, ill-fed, and often exposed to the vicissitudes of the weather, was seized on 1st October with shivering, followed by heat, headache, and perspiration, these symptoms recurring daily at the same hour. On the 4th October, the day of his admission, he had a severe cold and hot fit in the afternoon, each lasting half an hour, succeeded by copious perspiration, which lasted for an hour. The hot fit was accompanied with headache, which continued till the resolution of the paroxysm. During the period of intermission, the patient



was well, except that the left hypochondrium was somewhat swollen and insensible, and the bowels irregular.

Ipecac., 1, and Nux vom., 3, were given alternately every two hours, by which the paroxysms were diminished daily both in severity and duration. The last, which occurred on the 9th October, was merely a slight shivering.

#### 9. *Strumous Ophthalmia.*

An English orphan had been affected with this disease for eighteen months; it had resisted a tedious allopathic treatment, and the use of the saline mineral waters of Ischl; at last she was received into the hospital. The eyes were always kept shut, the cilia were matted into bundles, and there was great intolerance of light. Hot tears gushed periodically from her eyes, especially on attempting to open them; the conjunctiva was red and chemosed, vision feeble, the pain often insufferable. The cheeks and alae of the nose were irritated by the scalding tears, and covered with crusts, the glands of the neck were swollen, and the pulse quick.

By the use of Spiritus Sulphuris a marked improvement took place in the first twenty-four hours, and in three days the ophthalmia had disappeared as if by magic; the eruption also gradually declined, and neither has since returned.

#### 10. *Scarlet Fever.*

Anton N., æt. 14, was admitted on the 4th December, nearly unconscious. Head burning hot, eyes protruded and staring, tongue chapped and covered with a foul coating, fauces, tonsils, velum palati, and uvula very red, swollen, and partly covered with minute ulcers, partly with a white membrane, which presented a scurfy appearance; respiration very short and laborious, with the mouth open; abdomen somewhat swollen and tender. The patient was very restless and delirious, and the motions were passed involuntarily; pulse 140. Arsen., 4, every three hours.

5th Dec.—No remission of the symptoms. The patient vomited several times during the day a greenish fluid, containing much mucus. Washing of the neck and chest with

cold water was ordered, the part to be carefully dried and covered with warm cloths.

6th Dec.—The restlessness and delirium were increased, but the ulcers had begun to heal; the throat was still much inflamed, and large sloughs were detached; the whole chest was scattered over with scarlet eruption; pulse 140. Bellad. 6 every hour.

7th and 8th.—Remission of the symptoms. Bellad. 3, every three hours.

On the 9th the skin began to scale off, the patient felt almost well, and after the desquamation was complete was dismissed cured.

#### 11. *Lead-Colic.*

Anton M., æt. 21, had suffered from colic a year ago. Three days ago he was affected with violent vomiting, pain of the stomach, and obstinate constipation. His head was much affected, the tongue coated, with a metallic taste in the mouth; the abdomen insufferably painful, as if stabbed with a knife; the navel convulsively retracted; the pulse full, hard, and slow, and the skin dry. Opium, trit. 2, quickly moderated the frequent vomiting and pain; due motion of the bowels ensued; and the patient was cured in a few days.

August. G., æt. 27, was seized three days ago with severe cutting and griping in the navel, which was convulsively retracted. The pain was so great, that the patient writhed under it. Great sensibility of the abdomen, head hot, tongue covered with a slimy coat, insipid taste in the mouth, pulse full and slow, skin dry. Opium, trit. 3, every three hours speedily relieved the severe pain, the bowels were moved, and the patient left the hospital cured in a few days.

#### 12. *Inflammation of Dura Mater.*

Eliz. G., æt. 28, a servant, was admitted on the 18th October, having had severe headache for a week. Head hot and very painful, especially before, with a sensation as if all the blood rushed to the part, the blood-vessels distended, and the eyes prominent; tongue coated, increased thirst, no appetite, frequent vomiting of a green fluid, provoked by every movement of the head, and only quieted when the patient lay per-

fectly still upon her back; pulse full and slow; no stool for three days.

Cold was applied to the head, and *Nux vom.* 3, given every four hours. 19th Oct.—A sleepless night, insufferable splitting pain of head, pulse full and hard, frequent vomiting. From 20th—23d, the symptoms were aggravated; the patient lay unconscious in a low delirium. *Bellad.* 1, was given every two hours. 24th, The vomiting had diminished. 25th, Had passed a quiet night. The severe affection of the head was relieved, pulse slow and feeble. 26th, Complains mostly of heaviness of the head, and general debility. 31st, Quite well.

### 13. *Peritonitis.*

A mason, æt. 36, of stout appearance, had been affected with headache for a week; he felt languid and disinclined to eat. On his admission the following symptoms were observed:—Skin dry and moderately warm, pulse rather hard, insomnolence, delirious dreams. The head was affected, countenance pale and yellowish, the eyes dull, tongue dry, chapped, covered with a yellowish-brown fur, no appetite, great thirst, abdomen tympanitic, very sensitive in every part, with lancinating pain, no stool for several days.

*Bryon.* 3, every three hours, and the application of cold water to the abdomen, appeared to give relief; but on the fourth day stercoraceous vomiting occurred repeatedly, the countenance was pale and sunk, with blueness of the nose and mouth, the eyes staring, respiration hurried. The meteorism considerably increased, the extremities cold, pulse very small, and not to be counted. *Colocynth*, 2, was given. The patient died.

On examination, a perforation the size of a half-crown piece was found in the posterior wall of the rectum, and the usual changes of structure in fatal peritonitis were observed.

### 14. *Pleuritis.*

Anne. W., æt. 50, of strong constitution, had been affected with pain of the side some weeks ago, for which she was treated by venesection, leeching, and calomel; when scarcely convalescent she had a relapse. The lancinating pain was fixed between the ribs of the left side, from whence it extended over the whole chest, increased by every inspiration. She had a dry cough, the breathing was panting, anxious, and

abdominal; there was increased thirst, frequent shivering, and a full pulse.

After Aconit. 2, every three hours, the pain diminished, and in six days the patient was well.

Effusion into the right side of the chest, occurred in a strong phlegmatic journeyman locksmith, æt. 24. He had felt lancinating pain in the chest for a fortnight, with a slight cough, and at last difficulty in breathing. On examination, the right side of the thorax was found to be unusually arched before, and the intercostal spaces little marked, the sound on percussion was tympanitic on the right side above, beneath, dull and empty. On the left side it was normal above, and tympanitic beneath. On the right, nothing could be heard; on the left and only above, vesicular respiration was audible. The position and sounds of the heart were natural, the pulse not febrile.

Bryon. 1 every three hours, produced a marked improvement; so that the patient, in a few days, desired to be dismissed.

### 15. *Pericarditis.*

Barbara P., a servant, æt. 24, of strong constitution, was seized after exposure to cold, with tearing lancinating pains in the hands and feet, for which she was brought to the hospital. The patient complained, besides, of severe stitches in the præcordial region. No affection of the head, tongue coated, complete anorexia, increased thirst, respiration hurried, pulse full and hard. The sound on percussion was normal, the heart's action was increased in strength, and a bruit was audible in the left ventricle during the systole. The aorta and pulmonary artery were unaffected. Aconit. 3, every three hours, was prescribed; the next day the pains of the joints were aggravated, but by the application of cold water were sensibly diminished by the evening, and disappeared altogether under the continued use of Aconit. and cold water for eight days. The bruit in the left ventricle, and the increased sound of the heart, ceased at an earlier period.

*16. General Tuberculosis.*

Matthias R., æt. 13., and weakly, was admitted on 16th Oct. having suffered for a week from headache and giddiness. He complained of severe oppressive headache, especially in the brow; his head was very hot, the eyes prominent and strongly injected, a bitter taste in the mouth, the tongue coated, no appetite, increased thirst, followed by severe vomiting of a green fluid, respiration hurried, abdomen tender, the skin dry, and the pulse quick.

Bellad. 2, every three hours, and cold water to the head. 23.—As yesterday, he passed a restless night, and vomited frequently.

27.—Delirium, with frequent screaming; restlessness and anxiety, with involuntary movement of the hands to the head, countenance full, eyes half closed and dull, constipation; extremities cold, pulse scarcely to be felt. Bellad. 1, every two hours, and an ice-cap to the head. 31.—The patient comatose. Bellad 1, and Hydrarg. trit. 2, alternately every two hours. He died in five days.

*Section.*—Great tension of the dura mater. The brain flattened, as were also the vessels, and contained very little fluid blood, the convolutions nearly obliterated, the cerebral substance white and softened, both ventricles dilated, and containing an ounce of clear serum; the septum injected, and the fornix somewhat softened; the descending horn unusually large, the third ventricle widely dilated. There was purulent effusion at the base of the brain, and the pia mater before the Pons Varolii and crura cerebri, was thickly strewed with solid tubercles, from the size of a millet seed to that of a pea, and infiltrated with tuberculous matter. The lungs were generally adherent to the walls of the chest, and studded with tubercles of the size of a millet seed, the bronchi dilated and filled with yellow puriform mucus. The peritoneum, diaphragm, and bladder, were covered with reddish-yellow tubercles, the liver and spleen were filled with the same, as also the mucous membrane of the ileum. The right kidney had two pelves and two ureters.

17. *Hypertrophy of the Heart, with insufficiency of the Mitral Valve.*

A painter's apprentice, æt. 15, of cachectic appearance, had been unable in his remembrance to make any great exertion. During the last fortnight his sleep had been disturbed by a sense of weight and anxiety in the præcordial region. The skin and face were very pale, the lips and gums livid, the eyelids swollen, respiration difficult, almost constant dyspnœa, a frequent cough, with scanty expectoration. No appetite, and the little food taken was again rejected. The muscles were soft and weak, and the slightest exertion caused fatigue; both extremities were cold, the lower limbs œdematous, and the pulse small.

On examination, the chest appeared to be tolerably well formed, but the left side was somewhat prominent; the beat of the heart was both visible and audible as low as the seventh and eighth ribs; it was even observable to the epigastrium. The sound on percussion in the præcordial region was dull from the third rib downwards, the impulse of the heart very strong, shaking the ear of the auscultator, and instead of the first sound, there was a bruit in the left ventricle; the first sound was increased in the aorta, and in place of the second there was a bruit. In the left ventricle, there was, besides, at times an unrhythmical sound of friction audible.

The means employed during the two months of treatment, were varied according to the character of the symptoms. Aconit. 3, Spigel. 3, Bryon. 3, Aur. 1, 2, 4.

The patient became at last generally dropsical, and the dyspnœa no longer admitted of relief till he died.

*Section.*—Emaciation, the subcutaneous cellular substance infiltrated with serum; the chest on the left side arched and prominent, the abdomen greatly distended. The chest contained about three lbs. of clear serum, the left lung was adherent behind, and little permeable to air; there was lobular infiltration of the size of a walnut, at the base of the upper lobe, and a similar appearance, of the size of a hen's egg, at that of the lower; the rest of the lung was infiltrated with

serum. The *right* lung was pale, emphysematous at the base of the lower lobe, bloodless, and infiltrated with serum.

The *Pericardium* was enormously distended, stretching nearly two inches beyond the sternum to the right; and towards the left it included the greater part of the thorax, compressing the left lung. It contained the usual quantity of serum, and was united to the heart by vascular cellular membranes over a space two inches in length, by one and a half in breadth, extending from the apex of the heart upwards along its left border. The heart itself was enlarged to thrice its natural size, the right auricle expanded to the dimensions of a fist; the walls of the left ventricle were thick, firm, and of a reddish-brown colour; the lining membrane in both auricles was much thickened, of a greyish hue, and covered with a pseudo-membrane which could be scraped off. The mitral valve, especially at the aortic-apex, and along its free border, was thickened and rigid; the columnæ carnes were short and thickened, and too large at their insertions; the cordæ tendinæ were hard, united to each other, and therefore insufficient, their free border towards the auricle studded with fibrous excrescences, of greyish colour, and soft brittle consistence. Similar appearances were observed on the valves of the aorta and the *ostium arteriosum*, as well as the pulmonary artery. The mucous membrane of the stomach was covered with numerous bloody ulcerations.

#### ON THE USE OF LEAD IN CHLOROSIS.

By Dr F. C. WINTER, of Lüneburg.\*

I am not aware that any one has ever made use of Lead in chlorosis; and as I have met with several cases in which this medicine has displayed a remarkable efficacy, after many other means had failed, I think I have good grounds for calling the attention of the profession to its use in this disease.

The fact that it has good effects in chlorosis being ascer-

\* From the *Hygiea*, vol. xix., p. 308.

tained, it remains for us to shew that it operates on the Homœopathic principle. The external manifestations of chlorosis lie quite within the sphere of action of Lead, and *Tanquerel* instances Icterus as peculiar to all those suffering from lead poisoning; but, at the same time, it is not to be overlooked that this (as also Brockman testifies, see Holscher's *Annalen*, Bd. ii. Heft 3) inclines more to the *Icterus albus*. According to the latter author it is a peculiar, pale, often waxy, greenish-yellow complexion, with usually a yellow tinge of the sclerotic. The eyes are deep sunk, and surrounded with blue circles. The pulse is, according to Brockman, in the first stage of lead poisoning, not in all cases, slow; it is even sometimes frequent, small and soft. The blood seldom shews the buffy coat. The patients are very dispirited, anxious and despairing, and exhausted in the remissions. They complain of bewildering and pain in the head. The gums are frequently bluish grey, which colour may also extend to the rest of the mucous membrane of the mouth, and gradually diminish to the degree of that observed in scurvy and stomacace. The taste is sweetish-sour; at the same time there is want of appetite, or only appetite for particular things; the thirst is great, with burning in the stomach and eructation of air, or of sweetish-sour fluid. Frequently nausea, or actual vomiting, aching in the stomach or epigastrium, violent abdominal spasms, obstinate constipation, alternating with diarrhœa; diminished secretion of urine; hoarse noisy, dry cough, or cough with mucous expectoration. The respiration is hurried, often laborious, sighing; and occasionally this state amounts to dyspnœa or even actual asthma. There appears also oppression, tightness, and ebullition in the chest, with anxiety and palpitation of the heart. In the back and loins, drawing and tearing pains; and in the limbs great weariness, languor, spasmodic jerking, and trembling, and finally convulsions. Want of animal heat in the body, œdema of the feet, frequently a general and uniform swelling, serous infiltration.

If we compare this delineation, which might have easily been extended, with that of chlorosis, as a whole, the striking resemblance at once strikes on our attention. I believe it will



be sufficient to convince any one of this, if we merely enumerate the chief symptoms of chlorosis.

There are observed, in addition to the general appearance of the body, intense headaches, tinnitus aurium, vertigo, small, rapid, or sometimes slow pulse ; blue rings round the eyes, pale greenish-yellow complexion, the white of the eye dirty yellow, lips pale and bluish. Capricious, small, or ravenous appetite, sour risings, bitter taste. The food does not agree, causes sickness, and frequently vomiting. Distension of the abdomen, and all kinds of pains and disordered sensations in it. At times nausea, vomiting, obstinate constipation, or, in individual cases, diarrhœa, also diminished flow of urine in some cases. The catamenia are either suppressed, or scanty and irregular. Dry cough, with periodical aggravations, afterwards accompanied by expectoration, with frequent and hurried respiration, palpitation of the heart, oppression of the chest and dyspnœa, on the least exertion. Heaviness and aching in the back, and loins, and limbs. Insurmountable indolence, great drowsiness, frequent yawning, great weakness, softness and relaxation of the muscles, and trembling of the limbs. Faintings, convulsive twitchings, delirium, sadness, love of solitude, absence of mind and melancholy. Shy, depressed, and indifferent manner.

The blood drawn from a vein is watery, pale, and seldom forms a buffy coat. Diminution of animal heat, chilliness. Serous swelling of the whole body, œdema of the feet, &c.

From these relative and comparative statements, I think that I have shewn, so far, the greatest possible external resemblance between these two pathological conditions ; and if we examine further the essential nature of each, we shall find here also a very close analogy. Chlorosis appears primarily as a disease of the vegetative system. The circulating and nervous systems being affected at a later period. (Clarus and Radius Beiträge, Bd. i., Heft. 1). The disease induced by chronic poisoning with Lead is best marked when the metal has been taken in small doses, long continued. Here the vegetative system is the ground upon which the lead develops its operation. That deficiency in the colouring matter of the blood, and in energy of the vegetative system, and

the well known serous infiltration of the cellular tissue characteristic of chlorosis induced by other causes, also result from the action of Lead, as Andral (in his Essay upon the Pathology of the Blood, 1843) maintains, when he says, that the *prolonged use of lead induces the same conditions of the blood as we see in chlorosis*;—and thus arise the phenomena common to both diseases, and their further development.

It is not asserted that chlorosis is curable by means of lead alone, but only remarked, that the cases in which the metal effected a cure were indebted to the Homœopathic principle for this result.

In the use of Lead there are many things to be considered; and with reference to this I must observe, that in all the cases where it produced good effects, it had not been employed from the commencement, having been preceded by other remedies which appeared to be indicated. (*Hygea*, Bd. xvii. p. 297.) The experiments mentioned (p. 207) of giving lead from the beginning did not succeed. I was obliged to lay aside its use, because the patient complained of being worse, and of increased uneasiness in the stomach, &c. The medicines then given altered the condition so far, that the patient was satisfied, and would not take any more medicine. It is evident to me, that I gave the Lead in too large doses in this case, from gr. ss.—j., every second evening; and that by its positive operation, too rapid a diminution of the secretions and excretions, so necessary for the dyscrasic state, was produced. It is known that this effect does not take place at once, and with small doses, but only when its dynamic operation begins to pass into the positive action. Besides this single case, the Lead has produced surprisingly good effects in six instances. I shall, in future, give much smaller doses, in order that the positive operation of the remedy may not interfere with its due application.

An interesting case, reported by Tanquerel, shews, moreover, how deceptively the disease produced by Lead simulates Chlorosis (*Schmidt's Jahr.* Bd. xviii. s. 81. 1838.) A man, æt. 21, of strong constitution and moderate physical development, came under the care of Rayer at La Charité, on account of Chlorosis, and great palpitation of the heart. He had never

been previously ill ; and there was no assignable cause for the present affection. He had followed his trade of house-painting during eighteen months, and, Tanquerel adds, "without having had any affection from lead." The symptoms which the patient then exhibited belonged, however, wholly to the lead disease ; and are described in Tanquerel's work, published in 1839 ; as also in that by Brockman. That this condition was removed by the use of iron, is no reason for its exception.

With regard to the specific action of Lead in chlorosis, I would remark its great resemblance, in this respect, to Digitalis, which has long been employed homœopathically in chlorosis and jaundice. If we consider more closely the sphere of operation of both of these medicines, their relationship does not appear to be wholly superficial ; and this circumstance, discernible also from all that has gone before, might warrant us in giving Lead in chlorosis. The cases of chlorosis in which I employed Lead, were marked by orthopnoea, constipation, œdema of the feet, and unusual muscular debility ; and further, the ordinary means, both Homœopathic and Allopathic, had been tried without effect. The obstinate and almost invincible constipation, led me, in accordance with the Homœopathic law, to employ Lead, which proved of great service, not only in this, but in every other respect. In two cases of this nature, after other means had been employed, from grs. v.—x. of Lead were taken within from 8 to 14 days, with the effect of removing the most urgent symptoms, and nearly restoring the patients to health. One of them was a man, æt. 50, who, after a severe abdominal affection, accompanied with obstinate constipation, for which he had taken frequent large doses of castor oil, was subject, during a considerable period, to profuse bleeding by piles, and ultimately became anemic. It appears to me, and the future must decide, that the exhibition of Lead favours the operation of Iron. There is, on the one hand, a similarity in the sphere of action of both medicines ; while, on the other, as we know from experiment upon those in health, the relation of Iron to the vitality of the blood, and especially to arterial blood, is stronger than that of Lead, the operation of which is rather upon the vegetative system and the venous blood. Hence the Lead must precede the Iron, when the chlo-

rosis follows an excessive development of vegetative life, as is the case in early years; but where it results from great loss of blood, whether through the lungs, uterus, or from hæmorrhoids, the Iron must be exhibited before the Lead, when one or other of these medicines singly will not suffice to effect a cure. With regard to certain cases in which the Iron was not successful, it occurred to me, although I cannot prove it at this moment, that the reason why no good effect followed its exhibition, was to be sought in the nearer or more distant relation of the one or the other medicine to the one or the other system.

[About two years ago, my attention was also attracted to the analogy between the Lead cachexia and chlorosis, by the observations of Andral on the state of the blood in these diseases. Since then I have frequently used Lead with marked benefit in cases of chlorosis, after the more active state of disorder of the digestive organs has been subdued by other medicines; and the chief or only symptoms that remain are, dyspnoea, obstinate constipation, muscular debility, and scanty or suppressed catamenia. I use the Carbonate of Lead in the 3d trituration, a dose (gr. j.) every two or three days.

I have also found the same preparation useful in habitual constipation.—J. J. D., ED.]

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ON THE USE OF CORROSIVE SUBLIMATE IN SCROFULOUS  
OPHTHALMIA.

By Dr BOEKER of Rade Vorm Wald, Prussia.

Wm. B., æt. 3½, a scrofulous child, who had been affected with eruptions upon the body and head, diarrhœa, and swelling of the mesenteric glands, was attacked, on the 10th Jan. 1843, with severe scrofulous ophthalmia of both eyes, and an eruption upon the head, for which salt water baths and a lotion of Corrosive Sublimate, gr. j. to 3 vj. of water were employed with success. On the 1st Feb. the ophthalmia returned with increased severity, so that the palpebræ, and the globe especially of the left eye was acutely inflamed. By the use of the

Sublimate the photophobia was removed, the eyes opened, and the child began again to see. After this, the treatment was neglected till the 17th March, by which time both eyes were so much inflamed that he was unable to open them. It was with great difficulty that I obtained a view of the internal part on account of the swelling and spasmodic closure of the palpebræ. Five leeches were applied to the right eye, and six to the left, the child was placed in a tepid bath, and the Corrosive Sublimate Collyrium gr. j. to ʒvj. employed. On the following day, it was ascertained that the cornea was also inflamed. There was an ulcer on the middle of the left cornea, to which a cluster of blood-vessels ran, and the anterior chamber was  $\frac{1}{2}$  filled with pus. Afterwards, the symptoms improved so much that the child was able to open the eyes; the right was almost entirely free from inflammation, but the left remained still red and affected, and where the ulcer had been upon the cornea there was now a thick nebula. On the 20th April the affection of the left eye was very much aggravated. Cold water was applied without benefit. I was unable, from the swelling of the lids, to see the globe of the eye till the third day. The whole of the left side of the face, from the forehead downwards, was red, swollen, and painful, and studded with small pustules. The palpebræ were much swollen, their internal surface like velvet, and red; red vessels ramified upon the cornea, and in the centre of it there was an incipient staphyloma, of the size of a large split pea, to which the iris partially adhered; the lower part of the anterior chamber was filled with pus, and there was great photophobia. There was a copious muco-purulent secretion from the eye, but no morbid development of the papillary structure of the conjunctiva.

The right eye was also affected with scrofulous ophthalmia, but in a less degree than the left; there was an eruption upon the occiput, and the child was heavy and languid. I ordered a solution of Corrosive Sublimate, gr. ss. in ʒ x. of distilled water, of which 4 drops in a wine-glassful of water were to be taken four times daily. When the drops had been taken for four days, the inflammation almost wholly disappeared from the right eye. Both eyes could be opened; the parts around the

left eye were less swollen, but still red ; the effused pus was absorbed, the muco-purulent secretion diminished, the central thickening of the cornea had disappeared, and the iris had returned to its natural position. The treatment was continued. By the twelfth day the eruption upon the head was healed, and by the fourteenth all remaining symptoms were removed, except a certain degree of sensibility to strong light. On the 9th May the child took the last drops ; and since that time the eyes have been perfectly sound. The child is extremely healthy, and has had no relapse.

Maria H., æt. 3, of strumous habit, was affected with scrofulous ophthalmia, and an eruption upon the head, for a month. The child was brought to me on the 15th April. She had scrofulous ophthalmia of both eyes, and there was an ulcer on the right.

Various means were employed without benefit, except that the photophobia disappeared under the external use of the Corrosive Sublimate solution. On the 25th April she began to take the drops, consisting of Corrosive Sublimate, gr. ss. in ℥ v. of distilled water, a few drops three or four times daily. On the third day the eye was much better, and by the sixth it was well, and has continued so since.

Emily R., æt. 11, was treated for strumous conjunctivitis, with great photophobia, from the 10th March 1843 till the end of the month, without much benefit, further than some diminution of the photophobia. During April the treatment was given up, and the child was scarcely able, during the whole month, to open her eyes, except towards evening, and always remained in the dark. On the 25th May she was brought to me. The ophthalmia was pretty severe. In four days she was perfectly cured by the Corrosive Sublimate drops. From that time the eyes remained well till Feb. 1844, when there was a slight return of the photophobia, and injection of the palpebræ conjunctiva, but it was removed in a few days by the Sublimate.

Emily T. was affected on the 18th May with strumous ophthalmia, and a small pustule upon the cornea of the left eye ; the glands beneath the chin, and upon the neck on the same side, were hard, swollen, and painful ; there was a slight erup-

tion upon the occiput, very little appetite, and some fever. In this case, also, the Corrosive Sublimate was employed, 2 drops three times daily. The corneal ulcer pustule did not burst, and the eruption upon the head, and the ophthalmia, disappeared entirely in five days, and in eight there was no longer any trace of disease.

R———'s daughter, æt. 2, had been previously treated by me for strumous tarsitis and swelling of the mesenteric glands. On 26th April 1843 she was affected with severe catarrho-strumous ophthalmia, of which she was relieved in a week by the Sublimate solution, 2 drops three times daily. On the 13th June this child had a slight inflammation of the meibomian glands, with some intolerance of light in the morning. It was removed in four days by the solution, and she has since continued quite well.

Frederika H., æt. 12, of strumous habit, in June 1842 had a mixed scrofulous ophthalmia of the right eye, and scrofulous conjunctivitis of the left, of which she was cured. On the 6th July 1843 she came again to me, having had severe inflammation of the right eye for eight days, so that she could scarcely bear a glimmer of daylight, nor distinguish the largest objects. The palpebræ were much swollen, opened with difficulty, and spasmodically drawn together so as to produce a degree of ectropium. The meibomian glands and the conjunctiva were much inflamed, and the mucous follicles were developed in the folds of the latter; there was a copious muco-purulent secretion, the cornea was covered with red vessels, and upon its centre there was a growth of the size of a half pea, with a transparent border, and of a chalky-white colour within. Between this and the inner border of the cornea, there was an ulcer  $\frac{3}{4}$  of a line in diameter, which seemed nearly to penetrate the entire thickness of the cornea. There was great pain of the eye; and the daylight, which she avoided when in the house, had caused her much suffering while coming to me. Leeches applied to the eye did more harm than good, but lotions of cold water relieved the pain in some degree.

On the 7th, I gave the Sublimate solution, 2 drops three times a day. On the 9th improvement had commenced, the corneal ulcer had begun to fill up. She could open the eye;

the blood-vessels upon the cornea were no longer so observable, and the natural colour of the sclerotica began to appear; the palpebræ were less thick and hot, and the mucous secretion had diminished. By the 11th the ulcer of the cornea had nearly disappeared, the sclerotica was much whiter, and the enlarged mucous follicles were no longer visible. The patient could indistinctly see her hand, and the lower portion of the iris and the border of the pupil could be observed. The left eye was affected with scrofulous conjunctivitis, and red vessels overshot the outer margin of the cornea. On account of the great intolerance of light, I ordered a solution of the Sublimate, gr. j. to ʒv., to be applied to the left eye. To the right eye the external use of the Sublimate was forbidden, because of its morbid sensibility to the remedy. On the following day all inflammatory symptoms had disappeared from the left eye; the lotion was omitted, and the internal use of the Sublimate, 2 drops four times daily, proceeded with. On the 13th, no trace remained of the corneal ulcer of the right eye, nor of the enlarged follicles. The muco-purulent secretion had ceased, except that the palpebræ adhered slightly in the morning. The eyes could be opened, and the patient bore the daylight. The lids were somewhat thicker than in a sound eye, and the veins were visible through the skin. The vessels overspreading the cornea were diminished in size and number, and the chalky speck was not larger than a stout pin head. The patient could distinguish small objects. Solution 2 drops four times daily.

By the 16th July she was able to read large letters. The white spot upon the cornea had become smaller and more transparent; some blood-vessels extended to it from the outer side of the sclerotica, which elsewhere had now assumed its natural hue. The conjunctiva, especially of the lower lid, was red; the palpebræ were thin and less adherent in the morning; the photophobia was slight. A solution of the Sublimate, gr. ss. to ʒ v., 2 drops three times daily was continued.

Fourteen days later I found the patient free from all trace of the ophthalmia. Only a white speck of the size of a pin point still remained upon the centre of the right cornea, but did not interfere with vision. She has continued well for a year.



L., M.'s son, æt. 4, of strumous habit, was brought to me on the 25th July 1843, with the severest symptoms of scrofulous ophthalmia in both eyes, but varying a little in degree. The upper lid was swollen, and overhung the lower in the left eye, so that I could with difficulty obtain a sight of the globe, and the cornea was slightly overrun with blood-vessels. I saw no benefit result from cold applications, and the little patient being obstinate, all treatment was omitted during several days; but the symptoms becoming aggravated, with photophobia and vascularity of both corneæ, he was brought to me again on 3d August. By the use of the Corrosive solution, as in the last case, 2 drops four times daily, the symptoms were so much relieved that in a week the patient could see during the whole day, and in a few days more was free from all ophthalmia. He has since continued healthy.

C. H., a journeyman cartwright, æt. 26, had been affected during three weeks with rheumatic ophthalmia of the right eye, of a strumous character. He had been previously treated with purgatives, leeches, and Collyria, &c. I gave him the Sublimate solution, 2 drops three times daily, and in four days he was improved. On the 16th July he had a solution, gr.  $\frac{3}{4}$  to 9 v., given as above, and in nine days he was perfectly well.

The turner, H.'s son, æt. 6. The inflammatory symptoms were very marked in this case, and an ulcer before the cornea of the right eye seemed about to penetrate through it. I allowed myself to be deceived into employing the ordinary mode of treatment, but found that the disease, instead of being checked, made progress. The child was unable to open his eyes, and the swelling, especially of the upper lids, was so great that I could not examine the inflamed globe. The palpebræ conjunctiva assumed a velvet hue, and there was an abundant mucous secretion. On the 28th July the Sublimate solution, four times daily, was ordered; in three days the child could open his eyes, and in fourteen days they were so restored that the most practised ophthalmologist could not have told that he had suffered from the disease, were it not for a small dimple which the ulcer had left upon the cornea. The boy has remained well during many months, and has had no relapse.\*

\* From the Hygea, vol. xix., p. 506.

## ON THE ACTION OF OPIUM.

By Dr J. W. ARNOLD of Heidelberg.

(From the *Hygeia*, vol. xix., p. 138.)

I had an opportunity of observing very good effects from the action of Opium in a case of chronic disease of the intestinal canal. The subject was a man of a stout squat figure, who had been suffering for eight or ten years. He complained principally of rare and unsatisfactory evacuations. He was frequently six or eight days without a stool, in consequence of which he was affected not only with swelling of the abdomen, and an oppressive sensation of fulness and weight, but also with extreme depression of spirits and irritability of temper. After this state of things had continued for a half or a whole week, there occurred, without obvious cause, cramps in the abdomen, more or less severe, followed by a bearing down towards the anus, without, however, any evacuation taking place. If fits of these painful cramps and bearings down followed each other in rapid succession and with increasing severity, the patient hastened to the night-stool, convinced of soon obtaining relief. But in this he was generally deceived; for at the moment the evacuation ought to have taken place, he felt a sudden obstacle in the bowel, which, according to his description, occurred in the region of the sigmoid flexure. After frequent abortive attempts of this kind a motion was at length obtained, which, however, was of an unsatisfactory nature, but was soon followed by others. The matter first passed consisted of hard flattened lumps, of the size of a pigeon's egg, mixed with some fluid fæces. In the subsequent motions the number of the hard lumps diminished, and the latter evacuations were quite liquid. After each motion he felt somewhat relieved, and a troublesome feeling of pressure on the sacrum alone remained. This also went off almost completely after repeated evacuations; he then felt light, and relieved in body and in the best of spirits. This agreeable feeling, however, was of short duration. In the course of two days the oppressive weight in the abdomen occurred, which increased every day, accompanied with fulness and tension of

the abdomen, felt more particularly in the region of the cœcum and ascending portion of the colon. This part soon became sensitive to the touch; so much so, that the weight of the clothes was oppressive. The patient now became more and more anxious and irritable; he was depressed and very peevish; and although indulgent to the faults of those around him, he was, without any particular reason, provoked at himself; he could not, as he expressed it, endure himself. This state of things increased in the latter days of his costiveness to a great degree of anxiety about his health. At one time he was apprehensive about his life; at another he was cross, and felt such disgust at life, that he could with difficulty repress thoughts of suicide. His appetite, at the same time, fell off, but, now and then, he took a fancy for some refreshing articles of diet. He had generally much thirst, and a dry tongue. A constant symptom, which was very troublesome at the height of the disease, and which was not quite relieved after the evacuations, was dryness at the back of the palate. When the constipation had continued six, eight, or ten days, then the effort to empty the bowels grew more and more marked and urgent, until the evacuation took place in the above mentioned manner. On making an examination, I found the rectum empty and collapsed, but was unable to detect any constriction or other organic change. The patient has been under the care of medical men for years. They all confined themselves to the use of purgatives, which were useful, inasmuch as they brought relief sooner than it would have occurred naturally. When these evacuations were produced artificially, they caused more pain and straining than when they took place without the aid of medicine; and after the use of purgatives, the subsequent constipation was much more obstinate. The malady had thus attained a considerable height when the patient came under my care. He was of a highly irritable and sensitive nature; at times sunk in profound melancholy, indulgent to the faults of those around him; but there were times when he was subject to extraordinary delusions of the imagination, similar to those of a drunkard, although he almost completely abstained from the use of intoxicating drinks. The abdominal complaint had

reached such a height that he could only obtain evacuation of the nature above described by the use of purgatives, and only then after much straining and pain in his bowels.

There can be no doubt that the seat of the disease was in the intestinal canal, and, moreover, in the sigmoid flexure of the colon; that in this part there was an obstacle to the onward progress and evacuation of the fæces. It was, however, impossible to say with precision, what was the nature of this obstacle. The fact, that I could detect no organic change with the finger, cannot be regarded as a proof that the impediment in that part was merely the result of a dynamic cause. That the rectum grasped my finger spasmodically, was no proof that a stricture of this nature existed. But as several circumstances seemed to indicate that there was a spasmodic stricture; and as the remedies for this disease are not easily hurtful in small doses, I resolved to give them a trial before employing *Ammon. muriat.*, which I had previously found efficacious in organic stricture of the rectum, and which I intended to give, should those remedies not succeed.

The medicines which appeared to me to be indicated, as well by the seat of the disease as the peculiar moral and other symptoms, were *Opium* and *Nux vom.* I at first gave every evening a grain of the third trituration of *Opium*, which had the effect of making the evacuation, ensuing after its employment for six days, take place without so much straining as usual. The patient was, however, obliged to go several times to the night-stool without any result, and he still felt as if there was an obstruction in the rectum which prevented the evacuation; but this was more easily overcome, and the evacuation took place without so much abortive and distressing straining. At first he was very well contented with this relief, and his hopes began to rise, when, after continuing the *Opium*, he had frequent discharges of flatus, and almost every day two evacuations, which, however, were rather scanty. These, however, were still of an unnatural character, not only from their consisting of hard lumps, mixed with mucus and liquid fæces, but also inasmuch as he did not feel a regular call to stool, in consequence of which he had to sit a considerable time before the desired evacuation took place. He had

gained, however, more courage and tranquillity of mind, but was still easily excited, and was frequently troubled with tense and tympanitic swelling of the abdomen. Under these circumstances, I selected *Nux vomica*, which I was partly induced to do with a view to prevent any disagreeable effects from the accumulation of Opium in the system. I gave one day a grain of the third trituration of *Opium*, and the next a drop of the third dilution of *Nux vom.*, and continued in this manner for a fortnight. After this, I gave for some weeks a dose only every alternate day in the evening—first of the one, then of the other medicine, and at last I only ordered a dose once a-week. The result was, that the large evacuations grew less frequent and less violent; that the evacuations which took place every day grew more copious and natural; the tension and fulness of the abdomen diminished, and there was a lively call to stool, which was more satisfactory; the feeling of an obstacle in the rectum was no more experienced, and the disagreeable pressive sensation in the region of the sacrum went off. The appetite, strength, love of life, and cheerfulness, increased in such a manner, that in the course of three months he was restored to perfect health.

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ON PURE HOMŒOPATHY, MEDICINAL DOSES,  
AND SPECIFICITY.

BY DR GOULLON of Weimar.

The discussions now so frequent, and sometimes carried on with bitterness, on purity in the practice of Homœopathy, on the doses of the Homœopathic medicines, and on the proper understanding of the specificity of the remedies, give me occasion to declare frankly what I have found, during a fifteen years' experience, true and applicable to practice in these three points.

With me, as with many others, the circumstance which converted me to Homœopathy was the observation of the effects of one of our great remedies, viz., *Nux vomica*, which I took when in health, in doses of several drops of the undiluted tincture, for several days in succession, and also admi-

nistered to several other persons labouring under gastric disorders, constipation, toothache, headaches, &c. In making these experiments, I very soon found that the effects were the more violent the more accurately the symptoms corresponded to those of the medicine, and the more the disease was in its stage of excitement. I now gave, following Hahnemann's directions more and more accurately, smaller doses, made myself gradually acquainted with the other so-called polychrest medicines, and entered on what I hold to be the true initiation into Homœopathy, viz., I proved medicines on my own person, both while in health and in my slight indispositions, corresponding to their symptoms; in which case they almost always excited collateral symptoms, even in very small doses. After obtaining a somewhat more accurate knowledge of Aconite and Pulsatilla, I began to treat a number of simple diseases, of every-day occurrence, with striking success; both my patients and myself being equally astonished and delighted by the often instantaneous improvement, which went on uninterruptedly to complete cure, after the exhibition of billionths and trillionths, in the form of globules, or even smelling of the medicines. I was nevertheless very far from being a pure Homœopath, and shall never become one although I lived to the age of Nestor, if by pure Homœopathy is understood the *exclusive* exhibition of high dilutions, and adherence to our Hahnemannic principle alone, in general practice. This is impracticable in the present day, and in our present social relations.

But in spite of the rare and quite exceptional employment of Allopathic measures under certain circumstances, the doctrine of Hahnemann is, in my opinion, the only natural one, and the only one which fully accords with the idea of life, and its relation to the external world.

I. If we now ask who can be called a pure Homœopath, I believe I might reply, that he is one who applies Homœopathy according to the measure of the advance of his knowledge and to the greatest extent of his energies, and, therefore, develops and realizes it as his predominating therapeutic principle, even

should he be forced, through the imperfection of human endeavours and circumstances which lie wholly beyond his control, to adopt, in exceptional cases of emergency, other modes of treatment. We would only call him an impure Homœopathist, who uses the homœopathic remedies according to the principle of *contraria contrariis*,—who prescribes them in combination with allopathic and antipathic drugs,—who weakens and exhausts the vital principle by depletive and painful counter-irritant measures,—and who treats the same disease from sheer indifference, or from the wish of the patient, now on this, and now on that principle. Such is the measure according to which we must judge of the purity of the homœopathic physician, and let us not condemn him if he is obliged now and then to yield to the force of circumstances.

*The real never attains the perfection of the ideal.* It was right, and even necessary, for Hahnemann, as a reformer, to lay down his doctrine in a pure and unconditional form; but to his disciples, on the other hand, the *reality*, along the rugged road of which they are now travelling, offers manifold obstacles, arising from the conditions of mankind, public as well as domestic.

II. Respecting the much discussed subject of medicinal doses, I entertain the view that rules cannot be laid down, according to the age, constitution, or manner of life, of the patient, which hold good in every individual case. Children often bear pretty large doses; yet in them, the repetition of the dose is less necessary in chronic diseases, because the vegetative life is more easily and more permanently affected by medicinal agencies. Constitutions are often very deceptive, and we sometimes meet very unexpectedly with a colossal susceptibility combined with trifling reaction, and *vice versa*. Lastly, the mode of life—even errors of diet—do not permanently interfere with the operation of properly chosen medicines, in spite of their being in the smallest dose; and I have seen Pulsatilla, 30, as effective after a sumptuous dinner, as after the coarse food of a day-labourer; and have also seen more than once Calcarea, 30, given for *Delirium tremens* (for which it is one of the best remedies), and Sepia, 30, for

the dropsy of drunkards, speedily prove efficacious. On the other hand, other constitutions require larger doses, even with a constantly simple and regulated mode of life.

In general, it may be said that, in Homœopathy, the doctrine of the dose must be founded on the state of the susceptibility and the power of reaction. Between these, however, there may exist a threefold relation. *1st*, Great susceptibility, with small power of reaction, is observed among many patients now-a-days, and is a great obstacle to success in homœopathic treatment, because the primary effects of the medicines are strongly manifested (homœopathic aggravation), while the reflex effects are chiefly confined to the internal organism, and do not appear perceptibly. The diseases of this class consist most of neuralgias and spasms: *Nux vomica* frequently gives relief, but not for any length of time; and a regular use of Iron is perhaps more useful than most other remedies, which, in this class, are all most certain, when given in high dilution in water, and, where practicable, in the evening, because the susceptibility is less then than in the morning. How much do those err, who believe that Homœopathy is best adapted for nervous over-susceptible constitutions!

*2d*, Great susceptibility and powerful reaction. This is the true field for Homœopathy. We find it most frequently in children and young people, and, in not a few fortunate constitutions, even to an advanced age. In these it is quite a pleasure to treat the severest diseases homœopathically. One plays, if I may be allowed the expression, with inflammations, and, on the administration of the medicines, predicts, to the very day, the crisis; such as perspiration, urinary deposits, or other material effects of the medicines, and does not require to be anxious about the amount of the dose. The medium dilutions are here the best, yet require less frequently to be repeated; the curative process once induced, goes on uninterruptedly and rapidly to a complete cure.

*3d*, Low susceptibility, and moderate or small reaction (torpid character). We observe it most in well-fed middle aged, or elderly men and women, who often go over to Homœopathy, in order to be freed from this or that inconvenience, but who,



at the same time, submit to nothing with a worse grace than the deprivation of their accustomed stimulants.

To such we ought to allow these, and give, notwithstanding, the homœopathic remedies, in larger and repeated doses. Still it happens that we must, sometimes, at the commencement, adopt the previous and accustomed palliative means, *ne res publica detrimentum capiat*.

As both the conditions of nervous life are subject to constant variations, we must, obviously, in individual cases, depart from such general rules; and, as the weather in these temperate zones is not constant, nor subject to unvarying laws, so neither can we, in our climate and society, treat irregular circumstances according to a given rule. To hit the right thing we must know our patient and the exciting cause. Where the nature of the disease is not sufficiently recognised, it is always a commendable precaution to order small doses, and not to repeat them without sufficient reason. This is of special importance with the greater number of antipsoric remedies. Their operation is of long duration, and their curative effects (and often quite indubitable ones) are frequently manifested only at the 10th or 15th day, or even beyond that; and also not unfrequently, if not immediately, obvious collateral effects make their appearance, whole groups of symptoms and even diseases to which the patient is predisposed.

This I have seen so constantly and repeatedly in many individuals, that for my part, I cannot doubt that many of the so-called antipsoric medicines produce primary effects which last for weeks, and therefore I prefer giving them at considerable intervals, and in small doses. But from this I must except the treatment of dangerous *acute* diseases occurring in subjects already labouring under chronic disorders. In such cases, the doses must not only be frequently repeated, but often several different antipsorics may be given in close succession; because here, for the most part, only one, or very few of their numerous effects, can tell, the rest being lost in the storm of the acute disorder and its crisis. Thus, in the abdominal typhus of this country (Germany), almost all medicines fail in their operation without repeated exhibition of antipsorics, especially Calc., Lyc., Acid., Nitri., Phosph., and almost every day

demands a new medicine.\* What does good to-day is no longer of use to-morrow. The point of importance is continually to excite the sinking vital powers to new reactions, and this method now seldom fails us, while formerly we did little good by other means.

Besides the relation of the susceptibility to the power of reaction in the patient, there are two causes, not dependent on the patient, which exert an important influence in determining the magnitude of the dose.

*1st*, The form of the disease when considered as *external*.

There are, undoubtedly, certain diseases which are nearly or quite inaccessible to the finer effects of medicines,—those, namely, which, scarcely affecting the vital powers, and when, at first restrained within certain boundaries, are easily endured, are usually termed local. That a wart, an encysted tumor, a mole, &c., may be originally connected with an internal disease I well believe; and also that, after long persistence, they are of no farther consequence, and may be regarded as mere local deposits. If recent, their cure is often easy; and I have seen encysted tumors suppurate after *Silica* 30; painful warts disappear after *Calcarea* 30; and a vascular hiatus after *Acid. Nit.* 30. If they are of old date, we must employ large and repeated doses, or, what is simpler and more certain, remove them by operation, and treat any disturbance of the general health, which, however, seldom follows, by internal remedies. No homœopathic physician would think of recommending painful hæmorrhoids to be operated upon, a condyloma to be destroyed by caustic, or the majority of a crop of growing encysted tumors of the scalp to be extirpated, &c., because, in such cases, they are vicarious of a still existing internal disease.

In incipient scirrhus and medullary sarcoma, the origin of which is still doubtful, speedy removal is undoubtedly the safest mode of treatment; and it is easier to cure the accompanying morbid symptoms than to arrest scirrhus or fungus in its distinctive progress.

It is also time that homœopathists spoke out freely and

\* Dr Fleischmann's opinion and practice are very different from our author's in this respect.—[Eds.]

openly concerning scabies and syphilis, and exchanged their views and experience upon these subjects; and the more so, as we hear the local character of the primary chancre again spoken of (according to Ricord), and the admissibility of destroying it as speedily as possible (Hygea.) Even if I did not believe that a palpable contagion, such as that of scabies and syphilis operated through the medium of the nerves, still it is most natural to hold that it reaches the absorbent vessels, and falls into the mass of the fluids, from which it is developed with fresh virulence in the form of a pustule, or of vesicles passing into suppuration before the spot where a wound was first inflicted, or absorption took place; and from this point it is propagated, as it would appear, both externally and internally. If we adopt this theory of the evolution of both diseases, and it is one which appears to be accordant with the laws of nature, we must condemn all methods for destroying the external diseased products, whereby the malady would only be driven to develop itself internally, and appear with fresh strength in other and sympathetic organs; still there is no reason why, after the internal use of true Homœopathic remedies (Sulphur, Mercury, Nitric Acid, and Thuya), they may not, and should not, be employed externally. For example, why should the external use of Sulphur only repress and not cure scabies? I can see no theoretical reason for the opinion. In my official situation, I have long had opportunities for making comparative researches, and I have treated scabies, syphilis, and condylomata with, from the 30th to the 2d dilution of the three well-known remedies, first, internally, then internally and externally, and, lastly, internally, with undiluted doses; and feel assured, that the last mode of treatment alone is followed by satisfactory results in *recent* cases. In those of long standing (which have become parasitic), a cure only becomes possible, when after some time the local use of the remedy is adopted in material doses; the integrity of the inner parts, the internal health, was always the chief consideration; but I have not seen for eight years past, in those cases which I had an opportunity of observing, not even in wounds and acute diseases, the true touchstones of latent psora, that scabies shewed itself, or broke out afresh, a circumstance of such frequent occurrence after the

English, and similar destructive methods of cure.\* I generally prescribe in scabies from 5 to 10 grains of sulphur, rubbed up with an ounce of sugar, of which, as much as will lie upon the point of a knife is to be taken morning and evening; and at the end of a week, if the cure has not commenced, as much more to be made into an ointment with lard, and rubbed in small quantity upon the principal vesicles morning and evening, by which they are gradually dried up, and come off in scales.

So soon as the cure has commenced, I discontinue the sulphur while any improvement goes on. This is nothing new, but I refer to it, believing that many homœopathists, on this point, labour under a prejudice injurious to the cause and to their patients. The possibility of driving in (*vulgo*) the itch, is not reconcilable with the idea of the unity of the organism; and a sulphur disease is scarcely to be feared, as of long duration. I have seen nothing of the kind. No medicinal symptom, unless we may consider as such some furuncles, occurring during the process of desquamation, and which were quickly removed by Silica 30. It is possible that scabies may be cured by the dilutions; but how fortunate must be the circumstances essential to this result! How different from what usually happens where five or six members of a family are covered with eruptions, sleep together, eat the most unwholesome food, and at most remain stationary from four to six weeks. As before said, *the real cure can never attain to the perfection of the ideal.*

In the treatment of chancres, I have seen the black oxide of Mercury useful in doses of from  $\frac{1}{12}$ th to  $\frac{1}{8}$ th of a grain, morning and evening, after the dilutions had often enough proved ineffectual; but I confess, at the risk of being considered a poisoner, that the Corrosive Sublimate has been of most service. I give from  $\frac{1}{2}$  to 1 grain of it in 8 ounces of distilled water, with a little spirit of wine, of which a table-spoonful is to be taken morning and evening. For vagabonds and wenches,

\* Itch patients not unfrequently came to me eight days after their dismissal from the General Hospital, without there being any evidence of fresh infection. The same thing probably occurs elsewhere. I require from two to eight weeks to perfect the cure.

in cases of venereal disease, whose organs of generation are covered with confluent chancres, secreting the most foetid pus, I employ the Sublimate in washes after a few days, as well as in the above form. Here, likewise, I have never observed any medicinal symptom, unless we count the vomiting which sometimes follows the first exhibition of the remedy, and is removed by diminishing the dose. When improvement commences, I give the doses less frequently; and when more marked, I lay the medicine aside entirely, seldom using more than 2 grains in all, generally less. I have seen many of these patients again, or obtained information respecting them, and have not observed any secondary symptoms at a later period.

(*To be continued.*)

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#### REVIEWS.

*Animal Chemistry, or Organic Chemistry in its Application to Physiology and Pathology.* By JUSTUS LIEBIG, M.D., &c.  
London: Taylor and Watson, 1842, pp. 354.

The position which Liebig now holds as a European chemist may certainly be said to be the highest; even Sir Humphrey Davy, lauded and caressed as he was on all sides, did not enjoy a greater share of popularity with scientific men in general, and more particularly with the public in this country, than does the present Professor of Chemistry in a hitherto obscure German university. Nor will this be wondered at, if we look back upon the history of this extraordinary man. Whilst yet a youth of nineteen years of age, he published his paper on the Cyanic and Fulminic Acids, a work which bore upon it the stamp of genius, and proved incontestably that the author was then not only a good practical chemist, but also endowed with great acumen and uncommon powers of analysis. From that time until the present, he has never ceased to pursue his researches with most praiseworthy zeal, and year after year, nay, month after month, has borne testimony to the successful research and patient industry of our author. His papers, several of them written in conjunction with Wöhler, merit the highest praise. We need only mention his celebrated one on

the radical of the oil of bitter almonds, to remind our chemical readers of the impulse given to the investigation of the compound radicals by its publication, which indeed now bears its fruit by the hands of previously eminent chemists, and of others formerly unknown to science, but who now, reared in the school of Giessen, enjoy a reputation more than respectable, amongst the cultivators of the science of chemistry. The work now before us has been in the hands of our readers for a considerable time, and none, we may safely say, of modern authorship has produced a more vivid excitement in the scientific world. Its publication has effected immense good, by directing the attention of medical men, previously too little devoted to chemistry, to a careful study of that science. Medical journals, which ten years ago teemed with papers the most puerile, and which often indicated the grossest ignorance of chemistry, are now, following the general rule of running into extremes, filled with papers so *recherché*, that we have chemical explanations not only of the processes through which the aliment we swallow passes, but even of the action of the condiments and medicinal substances consumed along with it, —the whole confirmed by a chemical analysis, of course not to be disputed, of *tenths of grains*, and of the ratio that the constituents of these bear to some important secretion weighing *ounces*!

These are circumstances that give us infinite pleasure; and we sincerely trust that the authors of these multifarious papers will hold us in no disesteem, if, in the course of the following remarks, which our duty, as journalists, compel us to make on the work of their master, we should appear to hold a doubtful opinion as to the merits, importance, and even scientific truth of what he and they have asserted. The consideration of the organic chemistry is, however, to be approached in no light spirit, but merits our attentive perusal and careful examination. Some of the doctrines enumerated by Liebig and his disciples are so startling, and are apparently supported by facts so incontrovertible, that the whole work wears an air of plausibility, and engages the attention by a pleasing simplicity of arrangement, which must prove exceedingly captivating to all who are desirous of information on the chemistry of phy-

siology. It is not our intention to attempt a minute critique on the whole work of the author, as, to do justice, in all its details, to a subject of this nature, would require a space which our limits cannot allow. We would, however, as much as possible direct the attention of our readers to those parts of it most intimately connected with medicine; and as these, if not entirely new, are at least for the first time brought forward in a formal manner, they are well deserving of it.

The organic chemistry is divided into three parts,—the *first*, is devoted to the examination of the chemistry of nutrition;—the *second*, to the subject of the metamorphosis of the tissues;—and the *third*, to the phenomena of motion, &c. The first part commences with some very judicious remarks on the subject of vitality; but at the second page we find a statement which we cannot conceive to express well what the author means. It runs thus:—"The animal organism requires, for its support and development, highly organised atoms." This is a very loose and inaccurate manner of saying that animals require for nutrition a more complex class of chemical compounds than those formed by the ordinary inorganic reactions. We may infer from this, and many similar oversights, that Liebig has not very clear notions of the terms of vitality and life; for a few pages farther on, we find expressions which plainly show that these are, in his opinion, identical. P. 11:—"Certain phenomena of motion and activity," says he, "are perceived; and these we call life or vitality." This, we confess, appears to us to sound rather contradictory when placed in juxtaposition with the first sentence in the book, where vitality is distinctly stated to be the force which, acted on by external stimuli, produces the above described phenomena of motion. We find, in the succeeding pages, some interesting general remarks on the proportion of oxygen consumed at different temperatures, and on the necessity of an increased amount of carbonaceous aliments at low degrees of heat; with illustrations from the fact, that natives of northern districts can consume with impunity much larger quantities of flesh and stimulating drinks, than inhabitants of the tropics. Without denying, *in toto*, what Liebig has said on this subject, we would merely throw out a hint as to how far these so-

called carbonaceous articles of diet of northern people do act in the manner he describes ; and would ask, whether the desire for such food is not to be ascribed as much to its stimulating nature, as to its merely chemical constitution ? Can there be any doubt that the natives of India thrive well on a most carbonaceous diet, whilst European residents die from various causes, and amongst them, from the abuse of highly azotised and stimulating articles of aliment ? It requires that a person should have seen but once the enormous quantity of rice and *ghee* consumed by a Hindoo at a single meal, to satisfy himself, that the conclusions of our author, however plausible they may appear, are still to be received with caution. The experiments of Pepys, made many years ago, were conclusive to the point, that the same person under the influence of intoxicating liquors, exhaled less carbonic acid than when not subjected to it,—a result directly the reverse of what we should, according to our author's views, have expected to take place. In stating this, however, we quite agree with the general conclusion to which he has come, that there is no support to the opinion that there exists in the animal body any other unknown source of heat, besides the mutual chemical action between the element of the food and the oxygen of the air.

Glancing hurriedly at the many topics which engage the attention of our author in this the first part of his work, we have only space to call attention to some statements more marked than others ; and we cannot pass over one at p. 39, without expressing our doubt of its correctness. "Exercise and labour," says he, "cause a diminution in the quantity of the menstrual discharge ; and when it is suppressed in consequence of disease, the vegetative life is manifested in a morbid deposition of fat." Now, as far as our experience goes, and we should say that of most practical medical men, it will be found that the suppression of this important secretion, symptomatic as it for the most part is of a derangement of the very functions which constitute the so-called vegetative life, is inimical to the deposition of fat. That increased bulk frequently results from it we do not deny ; but that this depends on serous deposits in the cellular tissue, &c., is too obvious to require more than a mere comment on the circumstance. The chapter which has



given rise to these remarks, is exceedingly interesting, and concludes with a classification of the articles of diet in a two-fold division; *i. e.* plastic elements of nutrition, and the elements of respiration. For further information on these points, we must, however, refer our readers to the work itself.

The Second Chapter is headed, "On the Metamorphosis of the Tissues;" and here the extensive practical knowledge of our author is exhibited. But here facts are so mixed up with hypotheses, that we are frequently at a loss to know what statements are true, and what merely assumptions. At page 114, in speaking of the quantities of air which reach the stomach with the saliva, he states,—“The fact, that nitrogen is given out by the skin and lungs, is explained by the property which animal membranes possess, of allowing all gases to permeate them, a property which can be shewn to exist by the most simple experiments.” Then follows an account of the well-known fact of the permeability of dead animal membrane to gases: “and that it is a mechanical property common to all animal tissues, and is formed in the same degree in the living as in the dead tissue.” Now, we are all perfectly aware, that such permeability, as a mechanical property, exists in the dead tissues; but, as physiologists, we are compelled to hesitate before we can designate it as merely such in the living membrane. A fact militating strongly against this doctrine is, that different gases when introduced into a tissue are not absorbed with the same rapidity; for, in cases of emphysema, the oxygen disappears long before the nitrogen, and this fact of itself is sufficient, were others wanting, to shew that this is something more than a merely mechanical cause in operation, being, indeed, but a result in conformity with the general law, that, within certain limits, the more stimulating the substance the more rapidly is it absorbed.

The paragraph immediately succeeding gives an explanation of the mode of the production of traumatic emphysema, which confirms our impression of the vagueness of Liebig's ideas on subjects apart from chemistry. It runs thus:—“It is known that in cases of wounds of the lungs a peculiar condition is produced, in which, by the act of inspiration, not only oxygen, but atmospherical air, with its whole amount, four-fifths of

nitrogen penetrates into the cells of the lungs. The air is carried by the circulation to every part of the body, so that every part is inflated or puffed up with the air, as with water in dropsy." To assume that the air is absorbed by the blood, and again deposited in the tissues, is most illogical, besides being quite opposed to all fact. The air, as all surgeons know, is forced into the cellular tissue surrounding the wounded costal pleura, and is in the ratio of the size of the wound of the pleura and of the force of the inspirations. Were the explanation given by Liebig correct, we should find emphysema as one of the results of the poisoning of the feather white wine, the noxious qualities of which he explains on the supposition that the carbonic acid, so abundantly generated in the stomach after drinking it, permeates the stomach, the diaphragm, and both the layers of the pleura, although it seems to make no stay between these, but proceeds at once to the air-cells, to suffocate the unfortunate drunkard; and the proof that this is the fact, is found in the circumstance, that the inhalation of ammonia is recognised as the best antidote against this kind of poisoning. This hasty conclusion is not, however, at all justifiable. Such a mode of procedure on the part of the carbonic acid is open to numerous objections; and although it is not easy to say what is the cause of death in the poisoning by this wine, it is much more rational to suppose that it may be produced by such a rapid accumulation of gas as to produce asphyxia, by suspension of the action of the diaphragm, knowing, as we do, the effects that result from spasm of this muscle in angina pectoris; or, again, supposing the gas is eructated with great force and rapidity, it may cause, what carbonic acid when pure immediately does, spasm of the glottis, which must be rapidly fatal. The relief afforded by the ammonia may be explained on grounds other than chemical, and is much more likely to arise from its stimulant effects on the nervous system, than from its forming a salt in the air-tubes and cells, as poisonous in that situation as the original carbonic acid would have proved.

The whole of this part of the chapter is in the same style, consisting, for the most part, of assumptions without proof,

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and contortions of phenomena to suit particular hypotheses of the author.

In the opinion of Liebig, theine, caffeine, theobromine, may be considered as the food of the liver; for, by the addition of oxygen and water to the two former, a constituent of the bile—taurine—may be formed; and, by the same addition to the elements of theobromine, taurine and urea, or taurine and uric acids may be produced. Two and eight-tenths of a grain of caffeine can give to an ounce of bile the nitrogen it contains in the form of taurine. And he infers from this, that the reason of these substances having become in their use so universal, as articles of diet, is, that those who chiefly live on vegetables take them instinctively, as it were, for the purpose of supplying azote to the bile, which must otherwise have come from the waste of the tissues. The quantity of theine and caffeine, contained in the infusions we drink, is, however, so extremely small, that, although we may admit their action to be as he describes, yet, practically speaking, it is as *nil*, compared to the amount of biliary secretion. We must look for an explanation of the desire for these articles, other than any dietetic purpose they can serve, in the properties they possess of acting as stimulants on the nervous system. In no other way can we understand how green tea acts with such energy, compared with coffee, when the quantity of caffeine in the latter far exceeds that in the former, than by assuming that the action is dynamic, and not, as Liebig would infer, chemical.

The attempt to explain the mode of action of organic medical agents, on the hypothesis that these, being azotized bodies, produce a peculiar change in the chemical constitution of the nervous tissue, is exceedingly unsatisfactory; for, were it so, the objection which Liebig himself states is fatal, seeing that the poisonous properties of these bodies is not in the ratio of the quantity of nitrogen they contain; picrotoxine, which, if it contains any, at all events very little, of that element, being exceedingly poisonous, whilst caffeine, quinine, &c., are not so.

"The action," he says, "of these bodies is commonly said to be dynamic, that is, it accelerates, or retards, or alters, in

some manner, the phenomena of motion in animal life. If we reflect that this action is exerted by substances which are material, tangible, and ponderable ;—that they disappear in the organism ;—that a double dose acts more powerfully than a single one ;—that, after a time, a fresh dose must be given if we wish to produce the action a second time ; all these considerations, viewed chemically, permit only one form of explanation,—the supposition, namely, that these compounds, by means of their elements, take a share in the formation of new, or the transformation of existing, brain and nervous matter.”

The common view, that the action is dynamic, is, in want of other proof, quite as probable as the chemical view taken of the matter by Liebig, and explains, equally satisfactorily, the necessity of increased dose to produce the previous effect ; and, in the present state of chemical analysis, is likely to hold its ground against the doctrines here inculcated. The dynamic theory renders quite clear to our mind the effect of immaterial agencies in disturbing, exciting, or exhausting, the susceptibilities of the nervous tissue, which the chemical one of adding to, or abstracting from, the inorganic components of the tissue cannot do.

We shall, in our next, resume the subject, and examine the contents of the Third Chapter, which contains “The Phenomena of Motion in the Animal Organism,—the Theory of Respiration,—and the Theory of Disease.

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*Dr Samuel Hahnemann's Heilung un Verhütung des Scharlach-fiebers und Purpurfriesels mit einigen Zusätzen.* Von Dr J. BUCHNER. München, 1844.

*Dr Samuel Hahnemann on the Cure and Prophylaxis of Scarlet Fever, &c. ; with some additions by Dr J. BUCHNER.* Munich, 1844. 8vo, 31 pp.

This is a very opportune reprint of one of Hahnemann's earlier productions. It is so interesting, and contains so much valuable information, that we trust some one will be induced to translate it, for the use of the British public. All that we shall do here is to give an extract containing the

description of the way in which Hahnemann was led to make his discovery, as it is highly characteristic of the sagacious anticipating power of his mind. We confine ourselves to this the more willingly, as we have already, in a former number, treated of the virtues of Belladonna in scarlatina.

At p. 17, Hahnemann says, "I will here relate in what manner I was led to discover this specific prophylactic. The mother of several children had, early in July 1799, while the scarlet-fever was very prevalent and deadly, ordered a bed-cover to be made by a neighbour, who had at that time in her small bed-room a boy recovering from this fever. The woman, on receiving the bed-cover, did not bring it up into the open air, being unaware of this circumstance; and not perceiving any peculiar smell about it, she placed it on one of the cushions of the sofa, where she some hours afterwards took her usual after-dinner sleep. Unknown to herself, she had in this way (as the family had otherwise no connection with patients labouring under this disease) caught the infection of scarlet-fever. A week after this circumstance had taken place, she became suddenly unwell, with a bad sore throat, which had the characteristic prickling pain of scarlet-fever. These symptoms only disappeared after they had continued for fourteen days.

"The daughter of this woman (ten years old), some days afterwards, probably in consequence of having received the contagion from her mother, or perhaps from the contagious effluvia still given off from the bed-cover, was attacked during the evening with severe pressing or squeezing pains in the abdomen, a biting, itching, sensation in the body and head, coldness in the head and arms, and stiffness in the joints: passed a very restless night, with frightful dreams; with perspiration over the whole body, except the head. Early in the morning, I found her with a pressing headache; obscuration of vision; coated tongue; slight salivation; a hard, painful, swelling in the region of the salivary glands; piercing pain in the throat, even when not swallowing; no thirst; pulse quick and small; breathing short and anxious. She was pale, but felt somewhat hot, and complained at the same time of cold in the face and hairy scalp. She sat bent slightly forwards,

to diminish the pain in the abdomen, which was most severe in stretching or bending herself backwards ; complained much of stiffness in the limbs, and had the appearance of one who laboured under great desponding timidity ; had great unwillingness to say anything. 'It was,' she said, 'as if she could only speak clandestinely.' Her glance was wearied but staring, with excessive opening of the eyelids ; face pale, sunken.

"I knew too well that the usual remedies, even in the most favourable cases of scarlet-fever, as in many other diseases, produce no benefit ; I therefore resolved in this case, since the eruption of scarlet-fever was only about to break out, not, as is the custom, to proceed according to the individual symptoms ; but, if possible, after my new synthetical method, to seek for a medicine whose specific actions, in the healthy subject, produced symptoms similar to the principal ones presented by this disease. I could not remember, nor find in my writings, the specific actions of any medicine which agreed so well with the symptoms of this case, as those produced by Belladonna.

"Belladonna is the only medicine which has the greatest number of indications in agreement with those of scarlet-fever. Amongst its first effects, we have stillness, great desponding timidity, weariness, wild staring glance, with increased opening of the eyelids, obscuration of vision, coldness, and paleness of the face, want of thirst, very small quick pulse, stiffness of the limbs, difficulty of swallowing, with a cutting pain in the parotids, pressing headache, cramp-like pain in the abdomen, which, by any other than the bent position of the body, is insufferable ; coldness and heat of individual parts of the body, but not of other parts, as for example, only of the head, arms, &c. I thought, as the most probable view, that we had in these symptoms the true commencement of scarlet-fever. Besides, the further action of this plant also produces, among others, the following symptoms :—Fever, with numerous red spots on different parts of the skin, profound sleep, swelled hot face, &c. Symptoms which very exactly resemble those seen in a case of full-developed scarlet-fever.

"I gave to this child, which was labouring under the early symptoms of scarlet-fever,  $\frac{1}{33}$  of a grain of Belladonna, a dose which subsequent observation shewed to be much too large. The patient remained perfectly quiet the whole day, in a sitting position; the heat of the body became somewhat diminished; she drank only a little. The disease was not, during the day, further developed; she slept pretty well the whole of the following night; and next morning, twenty hours after she had received the medicine, the most of the symptoms had disappeared, and that without any crisis. The pain in the throat, however, still continued, though much diminished, until the evening, when it disappeared altogether. The following day she was brisk; ate, amused herself, and had now no complaint. I now gave her a second dose, and she remained perfectly well, although two of the children of the same family, before I knew it, were labouring under a very bad kind of the same fever. The other five children of the family I now very anxiously wished to keep from being affected by this disease, as the removal of them from the house was impossible, and now too late. I concluded that the medicine, which could stop the disease in its commencement, must also be its best prophylactic. The correctness of this conclusion was strengthened by the following occurrence: Some weeks previously, three children of another family were attacked by a very bad scarlet-fever; the eldest daughter, however, who up to this time had taken internally Belladonna for an affection of the joint of one of her fingers, remained unaffected, although previously she was always the first in the family to be attacked by any prevailing epidemic.

"This circumstance sufficiently supported the correctness of my notion, until further evidence could be produced. I now immediately gave Belladonna to the remaining five of this numerous family, so as to protect them from being attacked by the contagion of scarlet-fever. I gave very small doses of this plant every seventy-two hours, as its remarkable action does not continue longer than three days. These five children remained (during the whole epidemic, and amongst the dense poisonous effluvia given from their sisters) perfectly healthy.

"I was, during this period, called to attend another family,

in which the eldest son lay ill of scarlet-fever. I found him very feverish, and there was an eruption upon his breast and arms. He lay heavy on his bed. The disease was now too far advanced to give the specific prophylactic. I was anxious, however, to protect the other three children of the family from being affected by this very fatal disease. The eldest of whom was four years, the second two years, and the third a year and a half old. The parents gave to each of them, every third day, the necessary quantity of Belladonna, and they had the happiness to see their three children remain unaffected by this pestilential disease, although they all equally freely associated with their sick brother."

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MISCELLANEOUS.

ON POISONING WITH VARIOUS VEGETABLE SUBSTANCES, ESPECIALLY THE *CICUTA VIROSA*, AND THE PROPER ANTIDOTES. By Dr JOS. MALY, Grätz.

We often read in Journals of cases of poisoning, ascribed to the root of the *Cicuta virosa*, or Water hemlock; but a little attentive observation of this root will shew that such cases are highly improbable, for there is this remarkable peculiarity about it, which distinguishes it from all other similar roots, that it is hollow in the inside, and divided by three transverse partitions, with various compartments. This singularity of structure renders it extremely unlikely that it should have been mistaken by grown-up persons, at least, for any of the edible roots; and it is probable that many cases of poisoning ascribed to this plant have been due to some other member of the family of *Umbelliferae*, many of which are rank poisons. It is very much to be wished, that, in all cases of poisoning, the plant should be described by some scientific botanist, so as to give certainty to our knowledge of the medicinal activity of the plant, and its proper antidote. An instance of the danger of the neglect of acquaintance with the appearance of prescribed plants lately fell under my notice. A physician ordered a decoction of the *Ilex aquifolium*, and when narcosis supervened from its administration, he sent me a specimen of the plant, on which flowers and leaves were still present; and I immediately recognised the *Datura Stramonium*. Neither the physician, the herbalist, nor the apothecary, could distinguish between these two plants, which are so utterly unlike, that it is only by the grossest ignorance they can ever be confounded.

In a case of poisoning, of course, the first indication is to remove the poison by an emetic or other appropriate means; but even when this is done with all possible celerity, there remains a dynamic influence to antidote. According to general experience, and as far as observation



for twenty years enables me to speak, there exist in the vegetable kingdom substances in polar opposition one to the other, which have the power of mutual antagonism, and of exciting a kind of dynamic reaction, the result of which is the restoration to health.

The most frequent cases of poisoning, after those produced by the poisonous *Umbelliferae*, are occasioned by the *Belladonna*, *Datura Stramonium*, *Solanum nigrum* (which is used by the poor as a substitute for opium, to quiet their children), *Conium*, *Aethusa cynapium*, *Tobacco*, *Secale*, and *Agaricus muscarius*. The grand remedies for all these various poisons, are *Coffee* and *Spirit of camphor*, which have this great advantage that they are rapid in their action, and everywhere easily procured. I may mention one out of the many cases of poisoning by opium, which I have been called on to treat. It occurred to the child of Professor H., to which a physician had administered one-eighth of a grain of opium every two hours, for a convulsive cough. After five doses, the child became apoplectic, and when I came I found that it had been lying apparently lifeless for two hours. I gave it a tea-spoonful of coffee with milk every five minutes; and it was most interesting to observe how the force of the coffee seemed to struggle with that of the opium. No effect followed the first spoonful; after the second, the child began to toss about the arms and head, but soon relapsed into its former state of insensibility; the head sank back again, as if the opium had triumphed; after the third spoonful, the motions of the head and arms were almost convulsively violent; and after the fourth, the child began to cry, and the spasmodic cough returned. [An instructive commentary on the palliative system of practice.—Eds.]

Coffee is not only useful for antidoting the narcotic plants, as *Hyosciamus*, *Datura*, *Solanum*, *Belladonna*, *Tobacco*, *Laurocerasus*, *Secale cornutum*, &c., but also for allaying the colics and cramps in the stomach produced by the various acrid substances used in domestic practice.—[The extensive powers of antidoting the effects of poisonous plants possessed by coffee is a corroboration of the propriety of prohibiting its use as an article of diet to patients under treatment.—Eds.]

One poison, too, acts as an antidote to another; thus *Belladonna* and *Hyosciamus* counteract one another; from which it is evident how little is to be expected from them, and how uncertain is their action, when they are combined with a view of increasing their strength. Besides, by so doing, we never can arrive at an experimental knowledge of individual drugs. The multicompounded medicines have been, in fact, the chief obstacle which has caused the *Materia Medica* to lag so far behind the other divisions of medicine.

The *Solanum nigrum* is the best antidote to the formication produced by *Secale cornutum*.

Camphor, administered both externally and internally, is the best antidote for most poisons in the vegetable kingdom, and also of some in the animal, as *Cantharides*; it likewise mitigates the effects of metallic poi-

sons. In the case of a very sensitive woman, of 60 years old, a surgeon had applied lunar caustic for a growth upon the great toe, upon which there arose a violent pain in the course of the nerve, which extended as far as the knee, and then up to the hip; the pain speedily subsided upon the administration of spirit of camphor every five minutes upon a piece of white sugar.

In three cases in which *Tincture of arnica*, applied in consequence of mechanical injuries, produced erysipelas, with swelling and heat, and in one case even vesicles, camphor, applied by means of a rag to the part, was the remedy which, in a few days, removed the artificial disease. [In a former number of this Journal we have detailed some cases of eruption produced by arnica, and in one of them we applied spirit of camphor mixed with oil, with apparent advantage.—EDS.]

In another similar case of this arnica-affection, which was treated by cold water alone, the disease lasted fourteen days. Also in cases of *Erysipelas bullosum*, produced, as it often is, by *Rhus toxicodendron* and *Rhus vernix*, and which is distinguished by violent burning pain, camphor is the speediest remedy for the most troublesome symptoms. For camphor, the appropriate remedy is opium. The various nervous affections produced by narcotic poisons are cured much more speedily, and without that loss of strength that attends depletive measures, by the administration of the proper dynamic antidotes. For the effects arising from excessive indulgence in coffee, opium, and after that *Nux vomica*, are the proper remedies.—[*Æster. Wochenschrift*, Sept. 1844.]

#### POISONING OF A FLOCK OF SHEEP BY THE RANUNCULUS REPENS.

In the department of Airne a flock of sheep, on being driven into a field to feed, were observed very soon to fall down suddenly, as if struck by lightning. The eyes rolled, the respiration was hurried and oppressed; some of them turned round and round, and died with their heads turned to the left flank. These symptoms were supposed to indicate apoplexy, and copious bloodletting was had recourse to, which proved fatal to many in a few minutes. When the relater of the accident (whose name is not given) was called, he found the whole flock of 600 lying on the ground, with their head turned to the left flank, the conjunctiva injected, the mouth dry, the body swollen; some got up, staggered, and again fell, bleating, as if in pain; the majority lay in a state of profound coma. They got sulphuric ether in milk, and gradually got better, but there remained such weakness of the feet, that they had to be carried home in carts.—*Gazette Médicale de Paris*, 1844, No. 8.

#### POISONING BY LEDUM PALUSTRE AND MARUM VERUM.

By Dr OPPLER.

A female of 25 years old, five months gone in pregnancy, drank four cupfuls of strong decoction of the above mentioned plants before going

to bed. The most frightful convulsions, contortions of the features, with opening of the mouth, hanging down of the jaw, and fast closing of the eyes, short rattling respiration, a full and frequent pulse, with inflation of the abdomen, and insensibility towards external impressions, and vomiting of fluid of a pungent camphor odour, were the consequences of this foolish act. The patient recovered under the use of venesection, blisters, and other indirect measures.—*Casper's Wochenschrift*, 1844; No. 22.

#### LOSS OF SPEECH FOLLOWING THE USE OF CINCHONA BARK.

By Dr MILING.

The son of a day labourer, 12 years of age, took some cinchona bark for intermittent fever two years ago, and very soon the fever disappeared, but likewise as suddenly all power of speech. At the time he was seen by Dr M., he was perfectly well, with this exception, pulse, appetite, and sleep natural. The patient's hearing was perfect, and he was always lively and happy. Neither on the tongue nor larynx could the slightest pathological indication be observed. This state had lasted above a year, and the whole train of antispasmodic, resolvent, irritant, derivative, nay, even homœopathic and sympathetic remedies, had been brought to bear upon it in vain, when suddenly the patient was again attacked with intermittent fever, and with this immediately recovered his speech. His health was perfectly restored within a fortnight by the use of *liquor Amm. ant.*, alternately with *Ammon. mur.* and *Tart. ant.*

Dr M. once observed a similar case in a girl aged 22 years, who lost her voice, but not the power of speech, after the use of cinchona. The fever had suddenly ceased. This complete hoarseness had lasted for two years in spite of all the medical appliances, and returned after a severe catarrhal cough and fever.—*Med. Zeitung von dem Vereine für Heilkunde in Preussen*, 1844; No. 8.

#### ERYTHEMA GANGRENOSUM FROM THE EXTERNAL APPLICATION OF TINCTURE OF ARNICA.

Dr Oschenheimer, a military surgeon, reports the following case:—A house-steward, of strong constitution, 70 years of age, fell from a chair and bruised his hand. By the recommendation of the servants, he applied a fomentation composed of a diluted tincture of arnica. On awakening in the morning, he found, to his consternation, the injured hand almost quite black. On the arrival of Dr O., shortly after, he found the face, neck, breast, and back in a state of erysipelatous inflammation, the left hand of a dark blue colour, and covered with vesicles of various sizes, some as large as a pigeon's egg, which give the skin the appearance of the hide of a rhinoceros. The pulse was quick, the patient depressed. At the expiry of fourteen days, several pustules appeared, which soon went off along with the erythema, after which the patient got quite well.—*Æster. Med. Wochen.*, No. 9, 1844.

## CASE OF AMAUROSIS FROM SUPPRESSED ITCH.

The celebrated oculist Professor Beer of Vienna has related the following interesting case in *Ch. A. Struves Triumph der Heilkunst* (Breslau, 1800. Bd. 1. S. 119.). These are his words:—"Jacob Lobel, of Jemernjk, near Raab, in Hungary, was sent to me by Professor Leber, upon the 23d of February 1798. The sight of both eyes was so totally destroyed by amaurosis, that not even the faintest perception of light remained; both pupils were much enlarged and motionless; even the eyes seemed to have lost the power of motion. In the winter of 1794, when his sight was perfect, he was suddenly infected with the itch, and for six weeks desperately annoyed by it. Unused to suffering of any kind, and wearied with enduring so constant an annoyance, he turned on every hand for assistance, and unhappily was given an ointment of white-lead, soon after the application of which the itch wholly disappeared. Heartily rejoiced at having got rid of his distressing annoyance, he thought himself quite secure from all its bad consequences, when suddenly he became aware of weakness of sight of both eyes; and at the expiration of four months, he was perfectly blind of the right eye. The means employed for the restoration of the sight were useless. The left eye, however, improved somewhat (probably owing to the improved regimen of the patient) up to the end of the year 1797. He was shocked one morning on waking to find he could not see well with the left one either, and thinking the cause of his imperfect vision was some external film, he rubbed and washed his eye, for a long time, in very desperation; but from that time the sight gradually lessened, so that, in January 1798, he was stone blind. I carefully examined him, to see if I could not discover some accidental cause which might have produced this sudden blindness; but, after the most careful examination, could discover none. Now, as on the former occasion, the ordinary surgeons were called in, but they could do no good; and, as he said, his only remaining hope was in a journey to Vienna.

"A considerable series of experiments in the cure of amaurosis, produced by repressed itch, some of which were partially, but most wholly successful, made me hope that cure was possible in this case also; and, as I knew from former experience that the only hope lay in bringing back the eruption of the itch, I attempted to do this in the surest and quickest way. I had before found camphor, combined with the golden sulphuret of antimony, very useful, so I ordered, on the 23d of February of this year, the following pill: *R. Extract. Arnic. ʒi. Sulph. Aur. Ant. ʒi. Camphor gr. xv. Flor. Sulph. ʒii. M. fiat l. a. pilul. gr. iii.*; of which pills the patient was to take three, morning and evening. Besides, he took the following decoction: *R. Rad. Carb. ʒi. Rad. Sarsaparill. ʒss. Coq. in lb. i. aquæ com. ut remanent lb. ss. dein infunde Semin. fenic. ʒss. Colat. Datur. usin.* As, upon the 1st of March, a slight itching was felt upon the hands, and red sensitive spots between the fingers, and there was faint perception of light in the left eye, I gradually in-

creased the dose of the pills, so that by the 14th of the month he took seven of them. The itching became more and more intense; the red spots were converted into little vesicles, which burst and formed small ulcers. The pupils now moved a little when light approached the eye, more especially if the eyes had been closed and rubbed, then suddenly opened. The patient could then distinctly distinguish light from darkness with the left eye, but the ball of the eye remained immoveable. The hands were soon covered with itch vesicles; and as these increased, the sensibility of both pupils to light gradually returned. The vision was so far restored to the left eye by the 19th of March, that the patient could walk by himself, and distinguish small objects, which, however, were enveloped in a mist. The right eye, however, remained constantly blind. I ordered him to bathe his hands covered with itch twice a-day in an artificial sulphur bath. On the 25th of March, the pills were increased to 15, and the right eye began to improve. The strength and quantity of the decoction was also increased. After a few days the sight of the right also began to improve, and the cloud that dimmed objects became gradually thinner. The pills and decoction were again increased, and continued until the crusts of the pustules fell off. After this the improvement ceased. The youth could go about quite well, and saw every thing around him, but still there remained a thin mist before his eyes. This was afterwards removed by galvanism.—*Ester. Med. Wochenschrift*, August 10. 1844.

TEMPORARY REPRESSION OF SMALL-POX. By Dr URBANTSCHITS,  
Physician to the Elizabethan Hospital, Vienna.

Therese Rubek, aged 24, never vaccinated, was attacked, about the 13th December, with shivering, nausea, and headache. The face was flushed, and over it were observed several small elevations, which gradually increased in size and number, and appeared also on the breast and hands. On the fifth day those on the face dried; and on the sixth day, those on the hands and breast. During all this time she discharged her duties as cook; but feeling still unwell, she went to the Elizabethan Hospital on the 21st December, where Dr Weninger at once recognised the eruption as small-pox, checked before the stage of mature suppuration. He ordered various medicines, with the view of recalling the eruption; but they seemed to have no effect, and she recovered her health perfectly. On the 7th of January, however, after having been a fortnight in the hospital, she manifested symptoms of gastric fever, and for this was treated. But it appeared that these were the premonitory symptoms of the returning small-pox; for these formed chiefly on the spots where the former abortive pustules had been, and also between these spots small elevations, while the surrounding skin was red and turgescient. These little elevations gradually enlarged and increased in number, appearing on other parts of the body; and on the 4th day took the form of regular variolous pustules. The small-pox, after this, ran

its regular course, proved rather a severe attack, and left some pits on the skin.—(*Ester. Med. Wochenschrift*, 1843, Mai 20, No. 21, p. 561.

# PARALYSIS FROM EATING THE GRAINS OF THE LATHYRUS SATIVUS.

In 1829, the wheat and other spring crops, in this and the surrounding villages, were destroyed by a severe hail-storm; in 1830 they were deficient from the want of seasonable rains; and in 1831 they were destroyed by blight. During these three years, the teoree, or what, in other parts of India, is called kesaree (the *Lathyrus sativus* of botanists), a kind of wild vetch, which, though not sown of itself, is left carelessly to grow among the wheat and other grain, and given in the green and dry state to cattle, remained uninjured, and thrived with great luxuriance. In 1831 they reaped a rich crop of it from the blighted wheat fields; and subsisted upon its grain during that and the following years, giving the stalks and leaves only to their cattle. In 1833, the sad effects of this food began to manifest themselves. The younger part of the population of this and the surrounding villages, from the age of thirty downwards, began to be deprived of the use of their limbs below the waist by paralytic strokes,—in all cases sudden, but in some more severe than in others. About half the youth of this village, of both sexes, became affected during the years 1833 and 1834; and many of them have lost the use of their lower limbs entirely, and are unable to move. The youth of the surrounding villages, in which the teoree, from the same causes, formed the chief article of food during the years 1831 and 1832, have suffered in an equal degree. Since the year 1834 no new case has occurred; but no person once attacked had been found to recover the use of the limbs affected; and my tent was surrounded by great numbers of the youth, in different stages of the disease, imploring my advice and assistance under this dreadful visitation. Some of them were very fine-looking young men, of good caste, and respectable families; and all stated that their pains and infirmities were confined entirely to the parts below the waist. They described the attack as coming on suddenly, often while the person was asleep, and without any warning symptoms whatever; and stated, that a greater portion of the young men were attacked than of the young women. It is the prevailing opinion of the natives throughout the country, that both horses and bullocks, which have been much fed upon teoree, are liable to lose the use of their limbs; but if the poisonous qualities abound more in the grain than in the stalk or the leaves, man, who eats nothing but the grain, must be more liable to suffer from the use of this food than beasts, which eat it merely as they eat grass or hay.”—*Rambles and Recollections of an Indian Official*, by Colonel Sleeman.

## ON THE ACTION OF SECALE CORNUTUM. By Dr PATZE.

Dr Patze took, in February, a drachm of powdered *Secale cornutum*; it tasted not unlike fresh bread, only somewhat empyreumatic (brenzlich).

A quarter of an hour after having taken it he felt a peculiar taste in the mouth, as if he had smoked tobacco for a long time, or taken some etherial oil; along with this he observed a peculiar feeling of lightness of the head, particularly of the occiput. About half an hour afterwards he experienced a strong dragging in the spermatic cord, so that the testicles seemed drawn up to the inguinal ring. This lasted for half an hour. At the same time there arose an unpleasant pressure at the stomach, which increased to such an extent as to obstruct his breathing; along with this there was a strong desire to eat. About an hour after taking the *secale* he felt a strong desire to sleep. The sleep during the following night was disturbed by anxious dreams. On the following morning the confusion of the head continued; the tongue was covered with a whitish-yellow dry thick coating; the pain in the stomach was very tormenting, and attended with pyrosis; the face was pale and collapsed. In the course of the day the experimenter felt a creeping sensation of insensibility upon the anterior part of the thigh and calf of the leg. The appetite was not impaired; and although the experimenter eat more than usual, except by constipation, the bowels were unaffected. The symptoms did not only continue, but even increased, for four days, and latterly they became so bad that he could scarcely walk, owing to the giddiness which had succeeded to the confusion of the head. Sight and hearing were impaired; he had frequent eructations of offensive flatus; the pain in the stomach and waterbrash were most distressing; much sour-tasted salivation; and bleeding of the nose occurred. The countenance had taken on an ashy appearance, the eyes lay deep in the head, and the skin, which in general was inclined to perspiration, was constantly quite dry. On the fourth day there occurred a motion in the bowels for the first time since taking the *secale*. After this he took *Ipecac.*, *Tart.*, *Ant.*, and other emetics, as well as coffee, and antidotes of the like kind.—*Med. Zeitung. Herausgegeben vom dem Vereine für Heilkunde in Preussen*, 1844, N. 15; also *Öster. Med. Wochenschrift*, 1844, N. 27.

#### BELLADONNA AS A PALLIATIVE IN HÆMOPTYSIS. By Dr SCHRÖDER.

Dr S. mentions, that he was led to the employment of the vapour of Belladonna by the following incident:—A young man whose lungs were far gone from tubercular phthisis, nearly perished from a violent hæmorrhage. His wife expressed her regret that she had none of the plant the vapour of which had formerly repeatedly checked similar attacks. Afterwards she got some of it; and on the recurrence of the hæmorrhage, some of it was laid upon burning coals, and the vapour breathed by the patient with the immediate effect of arresting the flow of blood. The plant, on examination, turned out to be the Belladonna. Dr S. undertook a series of experiments in the Penitentiary Hospital with the fullest success. In one patient it succeeded at once after various means had failed. He mentions five cases in which the experiment was most satisfactory; and observes, that neither the infusion nor the extract had

any effect at all. He remarks, that should this virtue of the Belladonna be established, it will be attended with the great advantage of supplanting blood-letting—a practice which, he justly observes, is attended with peculiar danger in phthisis, by weakening the vital energy, and promoting the development of tubercles.—*Æster. Wodenschrift.* 1844, April 13. No. 1.

### CLINICAL OBSERVATIONS.

Mercur. sol. has proved very useful in autumnal dysentery, attended with frightful pain in the bowels, as if they were cut in pieces, most violent when the patient is at stool. In cases where there is great pressure at stool, as if the bowels would be forced out, and the discharge of a little bloody mucus after the straining, increased desire to go to stool at night. During the evacuation, perspiration on the brow—at first warm, but soon becoming cold and clammy; sleeplessness; great prostration of strength; the evacuations corrode the anus, and cause painful burning pains. *China* was useful in easing the consequent weakness. (*Archiv.* i. p. 78.)

Mercurius was found useful, too, in fever, with violent griping; the evacuation of small portions of bloody mucus, with much burning pain and tenesmus; dry coated tongue; loss of appetite, and tearing pain in the limbs. (*Allg. Hom. Zig.* v. 227.)

This medicine restored to health a child at the breast, affected with dysenteric diarrhoea, in which often pure bright blood, occasionally with some mucus or green chopped-like stuff was passed, attended with fever, and refusal to take the breast. (*Annal.* ii., p. 93.)

### MEDICAL INTELLIGENCE.

#### TESTIMONIAL TO DR GOODSHAW.

We are glad to see, in a Dublin Newspaper of the 10th of May, that the Governors of the Dunboyne Dispensary have presented to Dr Goodshaw a highly flattering address, accompanied with a piece of plate, as a memorial of esteem and respect, and a testimony to the value of his professional services. Dr Goodshaw has been for many years physician to the above Dispensary, and has practised homœopathically for the last two years.

#### MONUMENT TO HAHNEMANN.

In accordance with the recommendation contained in our last Number, the subject of the Monument to Hahnemann was brought before the notice of the British Homœopathic Society. The site of the proposed monument was unanimously disapproved off, and Meissen preferred. The project of applying part of the funds to the founding of a Homœopathic Institution or Hospital, was also unanimously condemned. In these



opinions we cordially concur; and knowing the utter incompetency of an hospital, unless supported on a scale far beyond what the endowment from the whole subscription fund would suffice for, to do any good to the cause of science, we feel convinced that nearly all the English subscribers would wish to have their contributions devoted to the monument alone. The Society also declined to take charge of the subscriptions as a body. In consequence, the Editors of this Journal will be happy to receive any subscriptions and transmit them to Germany, where they must be before the 10th August. Mr Headland, 15 Princes Street, Hanover Square, London, will also receive the names and contributions of subscribers.

It is hoped that the subscribers will not be limited to medical men, but that those of the non-medical public who are interested in Homœopathy will also come forward to aid in erecting a monument worthy of the Founder.

We subjoin a list of the names of subscribers which have been already sent to us, and we hope still to receive many more.

*Subscribers' Names.*

Dr Black, Edinburgh, . .	L.3	0	0	Dr Laurie's Friend, . .	L.1	1	0
Mr Cameron, London, . .	2	2	0	... Linchinaki, Edinburgh, .	1	1	0
Dr Chapman, Liverpool, .	3	0	0	... Mackintosh, Torquay, .	1	1	0
Mr Charles, London, . .	2	2	0	... Macleod, Edinburgh, .	1	1	0
Dr Dunsford, do., . .	2	2	0	... Madden, Brighton, . .	2	2	0
... Drysdale, Liverpool, .	3	0	0	... Mapel, London, . .	{ Amount not stated.		
... Fearon, Birmingham, .	1	1	0	... Mayne, do. . .			
... Gilioli, London, . .	2	2	0	... Mrs Muston, Bengal, . .	1	1	0
... Goodshaw, Dublin, {	{ Amount not stated.			Mr George Newman, Glas-			
... Hanson, Melton-Moubray, .				tonbury, . . . . .	1	1	0
Mr Wm. Headland, London, .	2	2	0	Dr Partridge, London, . .	2	2	0
Prof. Henderson, Edinburgh, .	2	2	0	... E. Philips, Manchester, .	2	2	0
Mr. Hering, London, . .	2	2	0	... Quin, London, . . . .	10	0	0
Dr Hayle, Newcastle, . .	1	1	0	... R. Russell, Edinburgh, .	3	0	0
... Irvine, Leeds, . . . .	3	3	0	... Trotman, Bristol, . . .	1	0	0
Capt. Irvine, do., . . . .	2	2	0	... Walker, Manchester, . .	2	2	0
Dr B. King, . . . . .	{ Amount not stated.			... Wielobycki, Edinburgh, .	2	2	0
				Mr Wood, London, . . . .	2	2	0

We have to acknowledge the receipt of L.1, 1s. from Dr Fearon of Birmingham, L.1, 1s. from Dr Hayle of Newcastle; and we request that all the subscriptions may be sent to Dr Rutherford Russell, 12 Stafford Street, Edinburgh, by the 1st of August, by whom their receipt will be acknowledged in the next number of this Journal; in which a full list of all the British subscribers will be published.

**BOOKS RECEIVED.**

Guide for the Administration of Homœopathic Medicines, by Families and Private Persons, in the most simple forms of Disease. Translated and abridged from the "Homœopathie Domestique" of Dr BIGEL. London: H. Taylor, 10 Pall Mall.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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EXAMINATION OF THE SOURCES OF THE COMMON MATERIA  
MEDICA.

By SAMUEL HAHNEMANN. 1817.\*

Next to a knowledge of what there is to cure in each particular case which presents itself for treatment, there can be no more necessary knowledge, for a practical physician, than an acquaintance with the curative implements,—to know what each of the remedies can certainly cure.

Two thousand three hundred years have been spent in fruitless labour to discover the way by which this end may be reached; and not a step has been gained by all the efforts.

Had the millions of physicians who during this long space of time have occupied themselves with the subject, attained to the result of discovering the way by which the knowledge was to be gained (*i. e.*, how to discover the healing properties of each medicine), then had much, almost everything, been accomplished; for then would this way have been followed, and the zeal and exertions of the better class of physicians must have won so considerable a territory of knowledge, that what remained would be within our power.

But observe, that not one, as yet, ever entered the path that surely and certainly leads to this end. All the hitherto

\* From the *Reine Arzneimittellehre*, Bd. 3.

trodden paths were, as one century was forced to say of those of another, mere ways of error. These we shall examine somewhat more closely.

The first source of the *Materia Medica* hitherto used is mere guess-work and fiction, which attempts to set forth the general therapeutic virtues of drugs. Exactly as the text ran in Dioscorides, seventeen centuries ago—this or that substance is, resolving, dissipating, diuretic, diaphoretic, emmenagogue, antispasmodic, cathartic, &c.,—so runs it now in the newest *Materia Medica*. The same profession of the general virtues of particular drugs, which do not turn out true; the same general assertions, which do not hold good when put to the trial at the sick-bed. Experience declares, that such a medicine very seldom performs, in the human body, what those books allege; and that when it does, this happens either from another cause, or it is a merely palliative passing effort (primary operation), which is followed by the opposite, to the greater detriment of the patient.

If a medicine prized for its diuretic or emmenagogue qualities, had, in special circumstances, and in one out of many cases, when given by itself alone, seemed to have had this effect, should it, on this account, be pronounced absolutely to possess these qualities? In that case, we should dignify with the name of a man of honour, one who occasionally acted on honourable principles; and one who did not always lie, we should style a man of truth!

Are our conceptions to be thus perverted and reversed? But these rare instances do not even establish a certain effect in these cases; for not in one case out of a hundred were the substances given alone, but almost always in combination with other medicines.

How few physicians are there who have given their patient but one single simple substance at a time, and observed its total operation, avoiding altogether the subsidiary use of all other medicinal substances. It is nothing but a mixture of various medicines that ordinary physicians employ! And if they give a simple substance in powder, they are sure to order also some herbal infusion (another medicine), or medicated clyster, or embrocation, to be used along with it. They never do it any

other way. This inherent vice clings like pitch to the ordinary practitioner, and he never can rid himself of it. He is in straits before and behind, and he cannot rest, and is not right, if this and that, and a score of other drugs, are not prescribed into the bargain.

And for this they have plenty of excuses. They maintain that this or that medicine (of the peculiar and pure effects of which, however, they know nothing) is the principal of their mixed medicines, and that all the effects must be attributed to it. The other substances were added for different objects, partly to increase the action of the principal, partly to correct it, to direct its energies hither and thither in the body, and give it the necessary instructions on its passage (their own peculiar operation being all the time unknown); as if the drugs were intelligent beings, endowed with well-disposed wills and complacent obedience, so that they would produce just that effect in the body which the Doctor ordered them, and not a particle more.

But do these additional substances cease, on your command, to confuse or counteract, with their own peculiar and unknown influence, the action of your principal, and to produce effects in accordance with their own inherent nature, which cannot be surmised or predicted, and can only be discovered and brought to our knowledge by pure experiment?

Is it not foolish to estimate the effect of one force, while other forces of another kind, and often of greater intensity, contribute to produce the result?

It would not be more absurd than if some one were to try to persuade us that he had discovered a good nutritive substance in kitchen salt; that he had ordered it to a man half starved, and that he no sooner had eaten of it, than he was invigorated, satisfied, and strengthened, as if by a miracle; that half an ounce of common salt was the basis and chief ingredient of this nourishing mixture, which, *lege artis in quantum satis* boiling water, was to be dissolved as the vehicle, then, as a corrective, a good lump of butter should be added, and, as *adjuvans*, a pound of fine cut rye-bread. This mixture (soup), after being properly stirred, was to be taken at once by the famished patient, and by it his hunger would be completely appeased;—all the latter ingredients were merely accidental

additions in the formula, the essential ingredient was the half ounce of salt. This was prescribed by him as the base of the whole receipt; and observe it had, when prepared accurately, according to these directions in his hands, always exhibited the most beneficial results.

If, in this kitchen *Materia Medica*, to the article *Sal culinare*, the properties of *saturans*, *analepticum*, *restaurans*, *reficiens*, *nutriens*, were added, it would not be more childish than the conduct of the physician who arbitrarily ordained one substance to be the basis of his diuretic, then added two, three, or four other powerful medicinal substances (as *corrigenes*, *dirigenes*, *adjuvans*, *excipiens*), and ordered the patient to walk up and down the room while taking the medicine, drinking at the same time largely of sack-whey made of Rhine wine, and then published triumphantly the extraordinary success of the basis he prescribed—"The patient has passed more urine than usual." In his eyes, the added substances and the regimen are mere unimportant additions, and guiltless of all results; that to the substance which he has made the principal in the receipt, and in which (he knows not why) he takes the deepest interest, may be ascribed all the effects produced. Thus it naturally happens, when, by such arbitrary and careless praise of a medicine which some one has taken a fancy to, and to which he was determined to attribute some definite medicinal property, the undeserved surreptitious attribute, diuretic, emmenagogue, resolvent, sudorific, expectorant, antispasmodic, are inscribed in the good-natured *Materia Medica*, where they afterwards figure as truths, to the delusion of posterity.

Thus, from a calculation based upon the effects of this mixture, must the rare operation of a drug be derived! How small a part of the uncertain credit of having compelled an increased secretion of urine, sweat, or catamenial discharge, was ascribable to each individual in the receipt! Consequently, the general therapeutic reputation of drugs, hereditarily celebrated from Dioscorides downwards, which occupy the greatest share even in *Materia Medica*s of our own day, that this or that medicine was diuretic, expectorant, or a purifier of the blood, is quite unfounded.\*

\* When no other virtue could be attributed to a medicine, it was at least an *evacuant*: Evacuant in some way or other; for, without an

The assertion, that this or that medicine is resolvent, dissipating an excitor or depressor of sensibility, irritability, or the reproductive functions, rests upon baseless hypothetical presumptions alone. It was in itself a figment, and hypothetical assumption, destitute of proof, and of a real object of attainment, that it was necessary to effect these changes for the purpose of directly curing diseases. How, then, could these nugatory virtues be ventured rationally to be ascribed, without proof, to individual medicines, irrespective altogether of the fact, that they were almost never prescribed singly, but always in combination with others? The falseness of such assertions becomes thus quite palpable.

What was ever seen dissolved in the human body by the power of medicine? By what facts was such a power of dissolving living parts of the organism established to be possible by drugs? Why has irresistible evidence of the manifestation of such a power not been brought forward? Or why, since it is impossible to perceive such mechanical and chemical changes in the undiscovered and undiscoverable penetralia of the organism, has not a sense of shame restrained men from publishing their fancies as truths and dogmas, and, with unblushing brow, falsely ascribing such actions to medicines? since errors in the most serious and responsible of all earthly business, the healing of the sick, must have the most grievous consequences; and falsehood here is the greatest crime, being nothing less than high treason against humanity.

And what is there, even in the hidden parts of the living body, to dissolve or dissipate, which the human organism,

evacuation,—without an evacuation of the morbid matter which their grossly material conceptions of disease led them to seek in all diseases, they could not imagine that a medicine could effect a cure. Since, then, the generation and existence of a disease was due to this hypothetical morbid matter, they bethought them of all the conceivable exits from the body by which this fatal stuff could be driven out by medicines; and the medicine had to do them the favour, to take upon itself the office of expelling this imaginary morbid matter from the numerous vessels and fluids, cleansing the system of the “perilous stuff,” by means of the urine, sweat, expectoration, or alvine discharge. These were the principal effects they hoped and expected from their remedies: this was the part all the medicines in the *Materia Medica* had to play.

when acted on by medicines proper for its recovery, cannot itself, when necessary, dissolve?

Is there anything actually present in the body to be dissolved from without as the opinion implies? Has not our *Scemmering* proved, that the swollen glands, which had hitherto always been considered to be obstructed, were, on the contrary, greatly enlarged in their vessels? Has it not been established by experiment, that healthy peasants, if perseveringly experimented on with *Kämpf*-clysters, may be forced to discharge the abominable evacuations which *Kämpf*, on hypothetical grounds, assumed, as proving the existence of stoppage, infarctus, and accumulations; although he had first, by his compound herbal decoction, administered in the form of several hundred clysters, brought on the unnatural condition of the bowels which produced these secretions, and then got them evacuated, to the consternation of the beholders; and, unfortunately, the rest of the profession were almost, with one accord, his followers, and saw, in spirit, in almost all diseases, nothing but obstruction of the fine vessels of the intestines, infarctus, and accumulations, took the senseless mixture of *Kämpf* to be indeed dissolving and dissipating, and clystered the poor patients, for the sake of an hypothesis, with the greatest vigour and perseverance, almost to death, so that it was a sin and shame.

Now, supposing that these imaginary cases were indeed real, and that there was something to dissolve and dissipate, who has ever seen this dissolution or dissipation effected by the direct action of the medicine when the patient recovered; so that the vital power which before presided over all the abnormal action of the organism, remained, in this instance, a passive spectator, and had allowed the medicine to work unaided, upon the supposed obstructed and hardened glands, like a tanner on the skin?

By means of Calomel, according to the history of a case (*Hufel. Journ.*, 1815, Dec., s. 121), a chronic vomiting that occurred after meals was removed. The cause of this vomiting was represented as induration of the stomach and pylorus. This the narrator of the case avers with the boldest effrontery, without adducing the slightest evidence in support of his posi-

tion, only that he might attribute, by these means, an indefinite power of resolving indurations to Calomel, and to himself the honour of curing a disease, which is as rare as it is incurable. Another writer in Hufeland's Journal (1813, s. 63) rants, in the same imaginative strain, about pressure on the stomach, cramps in the stomach, eructation, vomiting, being due to some organic disease of that organ, scirrhus, induration, and tumor; and believes, that as these were removed by drinking, for a length of time, decoction of Couch-grass [Quecken-trankes] (and a well-regulated diet?), that he has fully established that Couch-grass can cure scirrhus of the stomach. But pressure of the stomach, eructation, and vomiting after meals, even when of long standing, are often curable by proper diet, and, alone, afford no proof of induration, or scirrhus of the stomach, or pylorus. To do this, requires the presence of much more grievous symptoms than pressure, eructation, and mere vomiting are.

This is the laudable way in which a medicine is assisted to the undeserved honour of being resolving, dissipating, &c., by a blind guess, and the veriest presumption of the presence of an important disease, never seen or proved to be there.

*(To be continued.)*

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ON PURE HOMŒOPATHY, MEDICINAL DOSES,  
AND SPECIFICITY.

BY DR GOULLON of Weimar.

(Continued from page 240.)

Complications, with other chronic diseases, demand their appropriate treatment; still it is an acknowledged law, that the most recent disease, in this case, syphilis, yields the most readily, and is first to be attacked. In common prostitutes, we often see chancres accompanied with true psora, and generally the itch, has appeared first. In such cases it is better to cure the chancres first by the Sublimate, and afterwards the psora with Sulphur, than *vice versa*. The worst form of complication is the union of secondary syphilis with a

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deeply-rooted chronic disease, for example, scrofula, herpes, and such like; and, in these circumstances, the mercurial disease and pseudo-syphilis are most easily developed. In these difficult circumstances, Sublimate baths have proved of great service (3j.—ii. in each bath), after homœopathic means had been of little service; if, on the contrary, Mercury had been already employed, a persevering use of Nitric Acid was most frequently, though not always, beneficial; after which, other antipsorics have completed the cure, as *Lycopodium* in affections of the throat, *Silica* in nodes, and *Sarsaparilla* in large doses (*Ptisans*) in herpetic eruptions and ulcers.

Regarding gonorrhœa I will take another opportunity of speaking, only remarking at present, that it appears to form a link between psora and syphilis (!? *Eds.*) Simple gonorrhœa often yields rapidly to Nitric Acid (1-3), and after it to Sulphur; gonorrhœal orchitis most readily to Sulphur. Other forms, although they offer little that is characteristic either in their appearance or symptoms, still require antipsoric treatment continued during several months. But of this, another time. We return to the doses of the medicines. This is determined,

2. By the quality of the medicine. There are remedies which may be employed in very various doses, as from the undiluted substance up to the 30th, without producing much difference in their operation—those, viz., which possess originally many and different virtues (*Hahnemann's Polychrests*). For example, *Aconite*, *Belladonna*, *Ipecacuanha*, *Chamomile*, *Arsenic*, *Nux vomica*, &c. Others are almost, if not wholly, indifferent in the original state, as the *Earths* and *Lycopodium*; when untrituated, at least producing only a partial effect, as *Natrum muriaticum*, *Kali*, and *Natrum carbonicum*, the *Carbons*, &c. This class of remedies requires frequent triturations to develop its virtues, and hence the highest dilutions are most adapted to disease (from 18 to 30). Lastly, There are, undoubtedly, medicines which become almost, if not entirely, inert at the third dilution. Among such, I include those which produce, at most, only individual symptoms, and hence are adapted to diseases exhibiting few symptoms, or correspond individually to an exciting cause of disease; for example,

Petroselinum, Taraxacum, Valeriana (?), Millefolium, Arnica (?), Colchicum (?). Even China and Iron appear to belong to this class, at least the greater number of these remedies operate *undiluted only* upon certain forms of disease corresponding to them; whereas, if *diluted*, they would, perhaps, develop different actions. Thus, Carbonate of Iron cures sciatica only when given in grain doses, and then very rapidly; China, intermittent fever, and diseases of similar type, in doses from  $\frac{1}{8}$  to  $\frac{1}{2}$  grain. I have employed Colchicum frequently, and in vain, even in the primitive tincture, against flying acute rheumatism of the joints; while improvement took place immediately, and speedily went on to a complete cure, after an infusion of the Flowers of Colchicum (3j. to 3iv. of the infusion). Millefolium produced a cure, only in the primitive tincture, in two cases of bleeding from hæmorrhoids, and in hæmoptysis, occurring in patients affected with piles. Arnica is most quickly beneficial in contusions, in the 2d dilution. Stramonium, with respect to its semilateral action, was most rapidly useful in the 1st dilution, as occurred lately in the case of a young girl who had erysipelas of the face on one side, and meningitis, and in whom convulsive symptoms already alternated with paralytic. A few drops of a mixture of Tr. Stram. fort. gtt. v., and Spir. Vin. 3ss., gave at once a different turn to this very dangerous condition. It might, hence, be laid down as a rule, that the extent of the operation increases with the reduction of the dose, while the intensity diminishes, and *vice versa*. On this account, I believe, that in syphilis and psora, where we require the limited operation of Mercury and Sulphur, but that in an intense degree, we may give them in more massive doses. In this way I would define the distinction between dilution and augmenting of strength.\* Our pharmaceutical processes certainly increase the strength of medicines, as regards the multiplicity of their operation, but dilute and weaken them in reference to the intensity of their effects.

### 3. With regard to the signification of the word "specific,"

\* Hereby we may reconcile the apparent contradiction of dilution and dynamisation.

great difference of opinion still prevails. Homœopathic remedies are still regarded as synonymous with specific, and we even speak of individual specific remedies. Specific is derived from species. If we classify natural objects into genera and species, we understand by the former the concordance of a large number in certain general properties, and by the latter an aggregate of individuals who, besides having in common certain fixed peculiar properties, yet may vary from each other in qualities unfixed and non-essential. In this sense there are also species of diseases which, in very different individuals, still exhibit the same essential symptoms, as measles, smallpox, erysipelas, erythema, furunculus, &c., and against which particular remedies possess certain healing powers in all circumstances. The homœopathic remedies must hence often, and indeed in general, be suited to the individual conditions; but these are not usually fully developed forms of disease, and the remedies thus employed are not specifics—a name which they only merit when their effects reach beyond the individual peculiarities, and correspond to a complete species of disease. As, for example, besides the better known ones, we may instance *Colchicum* in acute arthritis, *Secale* in atony of the uterus, *Stannum* in blenorrhœa of the lungs, &c. These specific remedies divide themselves simply into homœopathic and antipathic specifics, according as they are employed for their primary or secondary effects, which no sophistry of our adversaries can shew to be not homœopathic. Those only which, in their primary operation, are similar to the disease, can be incorporated with Homœopathy. It has indeed specific remedies, but is not a mere empirical specific method, but a system of therapeutics, founded upon the only true conception of organic reaction—a block hewn out of a single piece, as the keystone of the science of medicine.\*

\* From the *Archiv*, vol. xx., p. 128.

## ON HOOPING-COUGH.

By Dr KÄSEMANN of Lich, in the Grand Duchy of Hesse.\*

Since I began to practise homœopathically, I have seen several epidemics of this disease, and the results I have obtained, force upon me the conviction, that we cannot boast of so much certainty in this, as in many other diseases, the cause of which seems to depend, partly at least, on some peculiar circumstances connected with the disease. For, not to mention many other things, were we actually in possession of a better knowledge of remedies, so diverse are the shades of the accompanying symptoms, that their elucidation is often a matter of difficulty; for we seldom or never see the children during a fit: and as in many the severe fits occur only at night, we are deprived of all opportunity for observing them. As, however, it is necessary to ascertain the symptoms with extreme accuracy, in order to determine the choice of a remedy, it will be found extremely difficult to do this here, for most children are unable to describe their sensations, and the parents or friends are not always gifted with good powers of observation; they are indeed often very careless, many things completely escaping their notice: they, consequently, give but a superficial history of the case, notwithstanding the most careful examination. But, although I would not relinquish the homœopathic practice for any other, although I have met with some success, and have indeed obtained some speedy and favourable results, still my mind is not yet perfectly at rest, for, under similar circumstances, many patients have been little or not at all relieved, and the disease has run its course unabated. I am, consequently, forced to express a wish, that ere long we shall attain to greater certainty on this subject.

Were it true that the proximate cause of hooping-cough consists in a catarrhal inflammatory irritation of the organs of respiration, then there might be a possibility that Aconite would be of good service, but the possibility would never rise to a certainty; for it is far from true, that Aconite is applicable to all diseases dependent on inflammation or inflammatory

\* Extracted from the *Hygea*, vol. x.

irritation. On the contrary, inflammatory affections of different organs seem to demand different remedies. Without at all denying the extensive applicability of Aconite, we may say, that its sphere of action seems to lie principally in the arterial circulation ; and, hence, it appears to be most specifically indicated in the inflammatory diseases of those organs which perform an important part in the circulation. All who have properly exercised the homœopathic method, are familiar with the excellent effects of this remedy in such cases ; but all likewise know, that, in other cases, it has only power to moderate the vascular excitement, without affecting the form of the disease to which it does not correspond. But Aconite does not always deserve the preference in *all* cases where there is evidence of vascular excitement. Such a mode of procedure indicates a certain degree of superficiality ; for the vascular excitation may be subdued without the intervention of this medicine, by means of a remedy which is specific to the whole case, as is proved by the efficacy of Belladonna in many irritated conditions of parts in which the nervous system is predominant. Were the action of Aconite in inflammatory conditions unbounded, as some falsely suppose, hardly a single acute contagious disease would get leave to develop itself, if only Aconite were administered early enough ; for all such diseases are preceded by a state of inflammatory irritation,—Belladonna and other prophylactics would be thrown into the shade ; but it is well known that in this respect there is still much to be desired. In the sometimes so violent excitations of the vascular system which frequently precede typhoid fevers, even such as are not infectious, Aconite is far from proving always of service ; and indeed, I have latterly found Belladonna much more useful in such cases than Aconite, to which I formerly trusted too much. Every contagious disease has, however, its focus in some particular organ ; and as hooping-cough may also claim to be a contagious (strictly a miasmatical contagious) disease, it would, at its commencement, demand remedies of a more specific character ; and in reference to its probable seat in the pneumogastric nervous apparatus, Belladonna would appear to be not unfrequently indicated, if the cough at the beginning be of a spasmodic nature. In the catarrhal stage, however, and as long

as the cough continues simple, and without any tendency to a spasmodic character, *I imagine* I have warded off the *stadium convulsivum* by means of *Nux vomica*. This is, however, a ticklish question. Frequently, and in many epidemics almost invariably, there is present an inflammatory chest-affection; and in these cases it is not easy to dispense with *Aconite*. It is, moreover, remarkable, that this remedy is said to be indicated by the essential nature of the disease, by persons who hold out hopes of a successful treatment of this disease only by the strictest individualisation. But is it true that the essential nature of hooping-cough is as varied as the numerous morbid symptoms which accompany this disease? or are these only accidentally connected with it, and is the large number of remedies recommended for it, directed rather against the concomitant symptoms? This disease, like several others, seems to prove, that where many remedies are vaunted, the true remedy still remains undiscovered; whereas we have fewest remedies for those diseases which are treated with the most brilliant results.

Every homœopathic physician has, doubtless, remarked that, by the employment of medicines selected in this manner, the concomitant symptoms disappear, but the hooping-cough itself does not always undergo a change. Thus I have often (not always!) succeeded in subduing the violent nocturnal attacks by means of *Conium*, without thereby producing any alteration in the diurnal fits; *Chamomilla* has relieved the concomitant diarrhœa of greenish matter, but the attacks of cough remained unaltered. In one child which had, in addition to vomiting during the severe attacks, great diarrhœa of a pale yellow colour, and which passed its stools during every violent fit, *Veratrum* removed the diarrhœa almost completely in a very short time, but the cough underwent little change. In a case of frequent vomiting *Ipecacuanha* proved serviceable; and although this remedy frequently acted very advantageously on the attacks of hooping-cough; yet this was not always the case. Where the sputa were tough and expectorated with difficulty, *Bryonia* made them looser, but produced amelioration only in so far as the violence of the attack depended on this

symptom, for the *stadium convulsivum* pursued its course unabated. The greater or less severity of the attacks, as also the different stages, seem to constitute the chief indications. The other symptoms, however, appear to be worthy of particular notice, only in so far as they are of themselves important, and thereby endanger life or the organism. Laughter, weeping, crosses, overloading of the stomach, &c., occasion, in every case, a renewal of the attacks, because they act on the part of the nervous system affected; these, therefore, are little fitted to serve as indications for treatment.

Among the remedies which possess the power of relieving the *stadium convulsivum* (the most important stage), I have found from experience, that Belladonna and Ipecacuanha answered best in this year's epidemic. Cuprum I found serviceable only in cases of suffocating fits during the cough. Belladonna appeared to act best in the commencement of the *stadium convulsivum*; Ipecacuanha at a more advanced period of the same stage, when there was frequent vomiting of food. In the case of a girl of 3 years of age, belonging to this town, who, for 8 days, had frequent attacks of the characteristic paroxysms of coughing, each time with vomiting of mucus and food, along with frequent alvine evacuations and colic, and in whom laughter, weeping, crosses, large meals, &c., brought on attacks, these became slighter after the first two doses of Ipecacuanha, the colic and diarrhoea disappeared, and in 14 days the cough was quite away. In one solitary case of a child of 18 weeks old, which, after three weeks of ordinary cough, got the real hooping-cough, against which I had employed Cuprum without effect; and where there were, at the same time, retching and slimy evacuations, China proved very speedily of service; for, after the second dose, the attacks lost their intensity and frequency, and, after a few days, nothing remained but a simple cough. In so young a child, there can be no question of an abortive form of hooping-cough. I could adduce several similar instances with regard to Belladonna. In one case, Conium and Cuprum were employed without the slightest relief, not even were the severe nocturnal attacks, with vomiting, &c., moderated after Conium; whereas Belladonna

changed the state of matters so, that the powder which was calculated for twelve doses was not all required. The boy had no third stage, and continued quite well.

I administered all the remedies in low dilutions, 6 to 12 drops in sugar of milk ; and prescribed about the twelfth part to be taken after every severe paroxysm, generally about every 4 hours, seldom only twice or thrice a-day.

I cannot help thinking, that it is only in the commencement of the stadium convulsivum that we may occasionally succeed in changing the character of the cough, and checking the further development of the disease. If this stage have already existed some length of time, and reached a certain height, the severity of the paroxysms may indeed be moderated, but the disease continues to pursue its course, thus presenting an analogy to the acute exanthemata. I doubt, however, whether there would be any particular disadvantage in subduing, or totally extinguishing, *by the specific method*, the paroxysms of cough themselves, in their highest stage of development.

We labour under a disadvantage in the treatment of infants at the breast, which makes us less successful than we might be,—I mean the influence of the nurse ; for I have frequently distinctly remarked the effect produced on the attacks of coughing by the health of the nurse ; so that a cold caught by the latter often causes the fits of coughing, which were on the decline, to return in all their severity. Affections of the mind in the nurse, and the occurrence of the catamenia during nursing, were always accompanied with violent paroxysms of cough. Several infants at the breast, even of the most tender age, suffered from hooping-cough,—some even who never came in contact with other children, and had no brothers or sisters. It is not to be denied, that, under homœopathic treatment, the last stage runs a more rapid course, just as acute exanthemata, under the same treatment, are attended by fewer consecutive diseases.

This year's epidemic was often complicated with croup, or inflammatory affections of the chest. Croup frequently came first, and was followed immediately by hooping-cough ; so that the premonitory catarrhal symptoms contained the germ of both diseases. It is possible, that the germ of hooping-cough



was first planted, and that, in its catarrhal stage, the croup was joined to it; that, however, the fully developed croup made its appearance before the characteristic symptoms of hooping-cough, because the latter, probably, demand a longer latent stage. We see something analogous to this in the class of exanthematous diseases. When an inflammatory chest affection developed itself during the hooping-cough, a few doses of Aconite, administered in rapid succession, sufficed to subdue the febrile symptoms to such an extent, that Belladonna could then be administered as applicable to both affections, and generally acted splendidly. To this remedy I attribute the recovery of a scrofulous girl, who was previously in a bad state of health, and who, by this complication, was so severely affected, that her parents had no hope of saving her. In many instances, this medicine does not require the aid of Aconite; when, for example, the cough is not dry, and the inflammatory fever not very violent.

Whether Belladonna and Ipecacuanha are deserving of particular attention in these cases in which there is a regular type; or whether they are applicable to such cases alone, is a question which I must leave to be decided by experience; but I wish here to call attention to the subject. In a little child, the paroxysms occurred regularly every two hours; but I was forced to employ means to combat too many other symptoms, to allow me to draw any conclusion from this case.

The close connection between hooping-cough and measles was again well exemplified in this epidemic; for, whilst the hooping-cough was pretty general here, the measles prevailed in Giessen, which is distant about 9 miles (as I am informed by a physician of that town). I witnessed a case which fully proved that porriginous skin diseases are not positively opposed to the contagion of hooping-cough. Co-existing with the porrigo, the hooping-cough attained a considerable development; and it was only when the latter reached its acme, that the exanthema dried up, which it had previously frequently done; but it broke out again, during the *stadium nervosum pertussis*.

The last stage is seldom observed by the physician, as the medicinal means are generally discontinued as soon as the paroxysms have lost their frightful character; but, as far as

I could learn, it was, after my treatment, very short, in comparison with that of patients treated in a different manner. A child, under a year old, had the hooping-cough long and severely; it was frequently quite comatose. I obtained some evident amelioration, notwithstanding many complications; ~~but~~ affections of the mother always did away with all the benefit obtained. After the cessation of the characteristic paroxysms, I gave a few doses of sulphur for some irritation of the skin; and the child had only for a short time longer some mucous expectoration: whereas other children otherwise healthy, had to undergo a long consecutive stage, although they had been previously much less severely affected. In some instances there was no appearance of a third stage; in those, namely, in which the paroxysms were early subdued.

The mortality was small; for till now (the 3d of April 1839) only a few children have died (under other treatment), I believe, by suffocation during the fits. It has hitherto been my good luck not to lose any patient in hooping-cough.

The prevalence, for some time back, of east and north-east winds, seems to have caused a decline of the hooping-cough; and instead of it we have croup, of which disease I have, within the last few days, had a greater number of cases.

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#### A GLANCE AT SYMPTOMATOLOGY.

By J. D. CHARLES, M.R.C.S.

Read before the British Homœopathic Society, June 3. 1845.

Before entering on the immediate subject of this paper, it may not be deemed irrelevant to say a few words regarding the uses to be made of the knowledge of the symptoms by which diseases are generally characterized. With respect to the etymological import of the term "symptom," we may remark, that it means neither more nor less than "coincidence." The term symptom has been defined to be "any circumstance happening in the body of a sick person, and capable of being perceived by himself or others, which can be made to assist our judgment concerning the nature or seat of the disease."

The objects for which symptoms are studied may be said to be, first, for the purpose of ascertaining the *nature* and *seat* of the disease under which the patient is labouring; or, in other words, to establish the *diagnosis*. Secondly, to enable the physician to foresee the probable *course* and *issue* of the disease, *i. e.*, to form the *prognosis*; and, thirdly, to enable him to select the most appropriate plan of treatment. Before, however, the knowledge of the symptoms can be turned to this account, it will be necessary for the physician to convert these symptoms into *signs*. To prevent the confusion which is so frequently found to occur in medical writings, and in medical reasoning, by the inaccurate use of the terms *symptom* and *sign*, we may observe, that by *sign* is understood any thing that can throw light on the past, present, or future state of the disease. The *sign* is compounded from several symptoms, and is the result of an intellectual operation, obtained by the skill and reasoning of the physician. Signs are deduced from symptoms. Symptoms are obvious to *all* persons indiscriminately—to the nurse as well as to the physician. The symptom is but a simple phenomenon, which the observer ascertains by means of his senses, without attaining or attempting any precise induction from it, with respect to the disease on which it depends. A knowledge of the symptoms is, then, within the reach of every observer, and is attained by the mere exercise of the senses; but the perceptions of the senses would be totally insufficient, and almost useless, for ascertaining the *seat* and *nature* of diseases, if the intellectual powers were not called into requisition. The mere application of the senses suffices to enable the practitioner to become acquainted with the *symptoms*; but, in order to attain a knowledge of the signs, thought and close reasoning, aided by an acquaintance with physiology and pathology, must be directed towards these same symptoms. Thus, then, the symptoms become signs, only when their real import is interpreted. The educated physician of the present day always strives to penetrate beyond the symptoms to a knowledge of the disease of which they are significant; and when, in the actual state of science, he is unable to do this, he is forced of necessity to consider the combination of the symptoms as the disease. Thus, for instance, the symptoms characterising in-

termittent fever, scil. rigors, heat and perspiration, are, in fact, the disease itself: we cannot have an idea of intermittent fever without them. It is in the just appreciation of the symptoms, from which positive notions of the signs are deduced, that medical tact really resides. An anecdote is related by Galen, which clearly points out the distinction between *sign* and *symptom*. He mentions, that being at one time dangerously ill, and having overheard two friends of his who came to see him discourse of certain symptoms which they had just observed on him, such as redness of the face and eyes, animated expression of countenance, &c., desired that every measure should be adopted forthwith, as he considered himself threatened with delirium. Here the two friends saw the symptoms well enough, but it was only Galen himself who, though the patient, was able to deduce the sign of delirium from them—to translate those *symptoms* into *signs*.

The insufficiency of the knowledge of mere symptoms for the detection of the *nature* and *seat*, and, consequently, as a guide to the *treatment* of disease, may be very easily proved. Suppose a patient to complain of *pain*; before we attempt any treatment for its removal, we must first determine the *seat* of this pain. Suppose we have found it in the abdomen; in order to establish an accurate diagnosis, we must examine all the organs situate in this region, in order to ascertain whether the *skin*, cellular tissue, the muscles, the peritoneum, or the intestines, be the seat of the pain. Let us suppose we have ascertained that the intestinal tube is its seat; we have, as yet, only made an approximation to the *nature* of the affection; we have not, as yet, determined it with precision. We know that pain, taken in the abstract, is but a lesion of sensibility, which sometimes supervenes primarily on some disturbance of the nervous system; and is sometimes consecutive on inflammation. The mere *history*, the *totality of symptoms alone*, is often insufficient to present to us a correct image of the disease. In tracing the chain of cause and effect, we must *divide* and *classify* those symptoms; and thus, in arriving at a correct *diagnosis*, we may be assisted in the choice of our remedy, and in the course of treatment we should pursue. We must be influenced by the decision we form, as to whether the dis-

ease is more immediately connected with the vascular system—inflammatory action; or purely with the nervous system—spasmodic action. In the one case, Aconite, Belladonna, or Bryonia, might be indicated; in the other, Nux, Ignatia, Coffee, or Hyosciamus; though, of course, these remedies would not be selected without reference to their pathogenetic power. And, again, certain remedies have a tendency to act on particular organs and *tissues*; thus Belladonna exerts its influence on the glandular system, Bryonia on the serous membranes, and Arnica and Rhus on the muscular fibre. We must, then, in order to derive the full *benefit* from the symptoms, refer them to some *organ* or *tissue*, and ascertain the nature of the affection of which such organ may be the seat.

We may instance another case. Suppose a patient presents himself with *ascites*. Now this, in very many instances at least, is but a mere symptom; and if we confine our attention exclusively to it, without referring it to some organ, we know nothing of the *seat* or *nature* of the disease. We know the effusion is *not* the disease; for if it were, the patient would recover by removing the effusion by paracentesis abdominis; whereas, it is too well known that, in the great majority of cases, the effusion returns after tapping. Thus, then, we must have recourse to our knowledge of general pathology, which tells us that ascites may depend on various kinds of lesions; being referrible for its cause to diseases of the heart or liver, to disease of the peritoneum, to a depraved state of the blood, and, according to the researches of Drs Bright, Christison, and Osborne, to disease of the kidneys. Here we must examine into the state of the organs with the utmost attention, in order to ascertain to which of them it is we must refer the symptoms in question.

Various divisions of symptoms have been laid down by different pathologists; the principal of these we shall notice cursorily. One division is into *essential* and *non-essential* or *accidental*. By essential symptoms are understood those which belong constantly to the disease, which, in a manner, establish its character, and are the origin of the signs from which the diagnosis and prognosis are formed. Thus the acute pain in the side called “stitch,” is the essential symptom of pleuritis.

When these exist alone, there can be no doubt. The accidental symptoms differ from the essential, in not being constant, as would, indeed, appear from their name, and are the result of some unusual event. They often depend on some morbid complication ; still they are deserving of the utmost attention, as it is generally by their existence that we can recognize the danger and the severity of the disease. Common symptoms are those which may be referred to a number of different diseases ; these are not of absolute importance. It may also be observed, that symptoms stand in very different relations to the diseases to which they belong ; they may flow out of the disease, so as, in thought at least, to be separable from it, or they may be involved in the disease, so as to be identical with it. Thus dyspnœa, cough, sputa, emaciation, hectic, &c., are symptoms of phthisis, and distinguishable from the disease itself ; they are signs of something beyond themselves, viz., of pulmonary tubercles. But, as we have already seen, the symptoms denoting intermittent fever are those which constitute the disease itself, as the rigor, heat, and perspiration. Thus, then, there are symptoms which are signs and tokens of the disease, that exist separately and distinctly from them ; and there are symptoms which, though they may be spoken of as signs, are yet all we know of the disease ; so that the disease is the symptom, and the symptom the disease. Hence will appear the difficulty of giving a strictly correct and logical definition of symptom. When we define it to be that which bespeaks the presence of diseases, or denotes their seat and nature, we violate one of the laws of good definition ; for such a one is neither clear nor adequate. We have already seen that the external physiognomy of disease is obvious, and within the reach of every observer ; and that, however valuable such information may be, there are other tokens and marks upon which he must depend for more accurate and practically applicable information. This brings us to another division of symptoms, into *primary* or *direct* symptoms, and those that are *consecutive*, *indirect*, or *sympathetic*. The former have their origin in the part or organ affected, the latter are declared through parts *remote* from the organ affected, or through the medium of the constitution at large ; the former appertain to

the sensations of the part affected; these sensations may, in general, be referred to the head of pain, in its various degrees and modifications; and with respect to the symptoms from this source, the physician must depend entirely on the veracity of his patient. The *amount* and *quality* of the pain are to be taken into account, in order to arrive at a correct diagnosis. Mere oral interrogation of the patient will not always suffice to ascertain these points. He must have recourse to certain manipulations, such as pressing and handling the part affected. The next class of direct symptoms may be referred to the *functions* of the part affected. These symptoms are, generally speaking, more valuable from the greater certainty of the information they convey; they are of more practical value than those derived from the *sensation* of the part, because we can test them by our own senses and observation, and are not here left to depend on the intelligence and veracity of the patient. In order to derive all the possible benefit from the direct symptoms, referrible to the morbidly changed functions of an organ, we should be intimately acquainted with the *healthy* functions of that organ; that is, we must be prepared and duly qualified to extract all the advantages to be derived with respect to diagnosis, by a perfect acquaintance with physiology. It must be observed, however, that there are organs in which we can obtain no aid or information by direct symptoms, referrible to their functions; those organs, namely, of whose functions little is known, as the spleen, the pancreas, &c. The organ which of all others gives the most satisfactory information by derangement of function, is the *lungs*. The cough, dyspnœa, expectoration, &c., &c., at once point out the *seat* of the disease. For the purpose of well appreciating these direct symptoms, a knowledge of auscultation becomes necessary, without which we should have but a vague idea of the morbid *state* of the lungs. An acquaintance with auscultation, aided by our reasoning powers and our previously acquired acquaintance with thoracic pathology, will lead us to a knowledge of the precise portion and the precise structure of the lung which is the *seat* of the disease.

With respect to the *sympathetic* symptoms, we may observe, that the several organs are so bound in mutual connection,

that it is scarcely possible for one of them to be affected without a consequent modification of some other. Few even of the *slighter* impressions are exclusively confined to the organs in which they originate. There exists, however, a more peculiar influence which is exerted between remote organs, and by which the one is thrown into action, in consequence of particular impulses impressed upon the other. This influence has received the appellation of *sympathy*, a term merely expressive of the *fact*, but, like other similar terms, too frequently taken as representing the *cause* of that fact. Thus we find, *first*, the sympathy existing between the *different component tissues of the same organ*, as when inflammation of the pleura excites a sympathetic irritation of the mucous membrane of the lungs: *secondly*, the sympathy between *organs connected in function* usually exert an influence over each other, as when one eye is inflamed, the other is seldom entirely sound: *thirdly*, the sympathy between *remote tissues of a similar structure*; the mucous membrane of the alimentary canal is morbidly affected by diseases of the mucous membrane which lines the kidneys; hence vomiting becomes a symptom of the passage of a stone through the ureters: *lastly*, the sympathies occurring between organs having no known connection of structure or of function; thus we find affection of the liver will cause pain in the right shoulder; and gouty irritation of the stomach, pain in the great toe.

Besides these sympathies of *tissue*, others more general and pervading subsist between the several great viscera, by means of which each influences the other, and has, as it were, a voice in the government of the whole machine. The sympathetic affections of the stomach and intestinal canal are very remarkable. Derangement in the functions of the alimentary tube produces headach, turbulent dreams, &c., &c., also palpitation and irregular action of the heart.

On the other hand, the stomach is itself influenced by the action of other viscera. Thus a concussion of the brain, or even a strong mental emotion, is sufficient to produce vomiting, and diarrhoea is not an unfrequent concomitant of grief.

A beautiful explanation of the rationale of many of these sympathetic symptoms is afforded by the reflex theory, for the



introduction of which we are mainly indebted to the valuable labours of Dr Marshall Hall.

In the investigation of disease, the objects to be kept in view appear to be the following:—

1st, To acquire an extensive collection of well-authenticated facts.

2d, To arrange, classify, combine, or separate these facts.

3d, To trace among these facts sequences or relations, particularly the relation of cause and effect.

4th, From an extensive collection of facts to deduce general facts or general principles.

There are three particular views in which, in medical investigations, we have occasion to trace among successive events the relation of uniform sequence, namely, the effects of external agents as *causes* of disease, the effects of external agents as *remedies*, and the connection of certain morbid conditions of internal organs with certain *symptoms* by which these become known to us. In regard to all these objects of research, it is of importance to keep in mind the sources of fallacy to which we are liable, in assigning to a succession of events the relation of uniform sequence; or, in other words, in considering the one as the cause of the other.

#### ON THE USE OF ARSENIC.

Prepared from Pharmacological and Clinical Materials, By Dr WURM of Vienna,\*

#### PREFACE.

We intend this paper for the beginner in Homœopathy; for those who either know nothing at all of Hahnemann's *Pharmacopœia*, or who are only able to use that work after much difficulty and labour. Dr Hering compares the beginner in Homœopathy to a rustic, entering, for the first time, into a large city, who wonders how it is possible the inhabitants can find out each other, seeing that it is composed of so many houses. Since we have now dwelt for a long period, to abide by Dr Hering's illustration, in the great city (our not incon-

\* From the 3d Number of the 1st Volume of the *Österreichische Zeitschrift für Homœopathie*.

siderable practice has been entirely homœopathic for the last twelve years, the objection of "*Nonum prematur in annum*" cannot be applied to us) ; we may perhaps be able to give some knowledge concerning many of its streets and its buildings. Let us be permitted to accompany the newly arrived strangers, at least a short way in their wanderings. That by so doing, we confer a favour, we have the less doubt, as we have still a lively recollection of the time, when we believed it to be almost impossible to become minutely acquainted with the action of even one medicine ; and when we not unfrequently wondered very much how others could unravel the very complex symptoms contained in Hahnemann's *Materia Medica*. Indeed, we are not ashamed to own, that if we had not been firmly convinced of the truth and excellence of the homœopathic law, the great difficulty connected with the study of the *Materia Medica Pura*, which, indeed, often appeared to us to be insurmountable,—would have strongly inclined us to give up altogether all consideration of Homœopathy. Something has already, indeed, been done, though much too little, to make our *Materia Medica* more accessible to the beginner. If they ask us (which does not rarely happen, in consequence of the difficulty of the subject), if we can teach them no other way by which they can learn the actions of the medicines than by labouring through Hahnemann's labyrinth of symptoms, we must reply, No ; and if they be not satisfied with this statement, and the assurance that, by diligence, patience, and time, they will at last arrive at the goal, we do not know how to help them.

There are, indeed, physicians who smile incredulously at such statements, and assert at every opportunity, as well in writing as by speaking, that any one may become a very excellent homœopathist in a couple of hours. We do not, alas ! belong to these sublime geniuses ; and as we likewise know, that those, at least of our colleagues, with whom we are acquainted, will not allow themselves to be numbered with them, so they will not, we hope, blame us, if we, through our treatise, otherwise superfluous, endeavour to lighten the labour which is required to gain an accurate knowledge of the action of our most important remedies.

We have chosen Arsenic, because we consider it to be one of those medicines, the actions of which are more easily understood ; and the old proverb tells us, " The beginning of everything should be made easy." But are we fitted for this work ? To this question our competent colleagues, for whose learned remarks we shall be grateful, must reply. We would, at the same time, have our hypercritical reviewers to remember, that we do not at present write for the skilful homœopathist ; and that it is always easier to address the learned than the unlearned.

#### INTRODUCTION.

*Arsenic*, denounced as the most poisonous substance, is one of the most valuable medicines we possess, in the hands of the physician who understands how and when to use it;—a polychrest, using that term in the proper sense. So thinks and speaks every homœopathist. As the diseases which Arsenic produces in the healthy person are similar to those we most frequently observe, so has every one daily the opportunity of prescribing it, and wondering at its great curative power.

Among the physicians of the old school, this unanimity regarding the healing powers of this medicine does not exist. We do not merely find different, but contrary, opinions defended by them ; although, as Arsenic had been considered since the earliest times a medicinal substance, we would have thought that sufficient time had now been given to answer the question, Whether it be ever indicated, and in what cases ? There have been, and are, among our allopathic colleagues, many who deny all the excellent and numerous cures which have been effected through the means of Arsenic, as well by physicians as by quacks, and who hold as synonymous terms, Arsenic, poison, and death. So speaks, to give only two examples, Riedlinus (*Lin. Med. An. V. Nov. Obs. 4. p. 1173*). " Therefore is it dangerous for a physician, who would have himself considered an honest man, to prescribe Arsenic ;" and Prof. Sachs, in Königsberg (*Pharmacopœia*, vol. 1st), " believes that neither theory, experiment, nor empiricism, gives a right, or even an excuse, for the internal use of Arsenic. We have similar expressions given by many other physicians ; but these

either consist of those persons who are not entitled to speak at all upon the subject, as they have never made any experiment with Arsenic; and who, therefore, have no experience of its powers, or of such as have indeed used it, but in so improper a manner, and in such an erroneous way, that evil consequences could not have been prevented,—evil consequences which they ascribed to the insidiously dangerous drug, not to their own unfitness to use it. Other physicians, indeed, do not deny that Arsenic possesses a great healing power; but they will, nevertheless, not hear of its internal use, because they believe that they have other less dangerous medicines which will accomplish all that Arsenic is able to do. To this class belong chiefly those who are afraid of every powerful remedy, but who do not know that such gentle medicines as the decoctions of Marshmallow, and roots of certain grasses, cure only those diseases which Nature, even without the aid of them, would herself have cured. Lastly, as to those physicians, who like Harless and Vogt, strongly recommend the internal use of Arsenic, it is worthy of remark, that the diseases in which they recommend the use of this substance are similar to those against which the homœopathic physician not unfrequently uses it. The better informed physician will see in the therapeutic use of Arsenic, by the allopathic physician, nothing else than Homeopathy,—generalized, indeed, and therefore not worthy of imitation. Whoever reads the article Arsenic in Vogt's *Pharmacopœia*, will soon become convinced of the truth of this statement, but will at the same time be unable to comprehend how one so celebrated for pharmacodynamic knowledge could not understand the distinct expressions of the voice of Nature, since he had so endeavoured to justify his indications for its use, by ascribing to it tonic and exciting qualities which so nearly correspond to its homœopathic action.\* We must the more wonder at Vogt's misapprehending the law of similarity, since the symptoms which Arsenic produces in the healthy body are described by him, if not with Hahnemann's exactness, still at least somewhat fully in their general fea-

\* Vogt arranges Arsenic among the tonic balsams, and places it in his *Materia Medica* beside orange-leaves and lemon-peel. He puts the elephant beside the fly! and yet Vogt's treatise on Arsenic is the best of the old school.

tures. With justice, therefore, is it said in the *Organon*,—“ They are led in their blind experimenting, sometimes to the homœopathic mode of curing diseases; and yet the law remains unknown by which the cures do and must take place.”

What we have as yet said concerning Arsenic, holds more or less true of all the other medicine contained in the *Old Materia Medica*; since we have here also one person praising what another person condemns. The reasons for those differences of opinion are, especially, the want of the knowledge of the healing principle *similia similibus*,—a want of knowledge of the proper doses of medicines; and, lastly, the baneful mixtures prescribed. From these facts we are able to understand, that from the old school, in reference to these medicines, there is not much to be learned; and that their clinical experience cannot be considered as models or samples of cures, but merely as proofs of the truth of the law of *similia*.

In the following paragraphs, where we will examine the pharmacodynamic and the clinical worth of Arsenic, we shall find sufficient opportunities of considering more closely, and of proving by citation, all that we have yet spoken of in a general way.

#### *Symptomatology of Arsenic.*

§ 1. When Arsenic is spoken of in the homœopathic literature, the White oxide of Arsenic is the preparation understood; as it was with this substance Hahnemann made his physiological provings, the result of which he made first known to us in his *Materia Medica Pura*, and afterwards in his work on Chronic Diseases. By far the greater number of the cases of poisoning adduced by Hahnemann, from our authorities, were produced by the White oxide of Arsenic. In the *Materia Medica Pura*, we have 1068 symptoms given; and in the work on Chronic Diseases, we have the number increased to 1231. Truly such a stately regiment of symptoms, produced altogether by one medicine, as presented in Hahnemann's loved anatomical order, is well fitted to prevent the beginner from studying it at all. Nevertheless, the physician who understands how to interpret and unite together these symptoms, will soon learn, that in comparison with the other medicines, there are only a few, whose actions are to be so easily under-

stood ; especially as Hahnemann has so distinctly pointed out the characteristic peculiarities of this substance. It, therefore, requires no great sagacity, but only some diligence, in reading over the symptoms of these medicines which are contained in the 2d Vol. of the *Materia Medica Pura*, to be able to understand generally the characteristic symptoms of Arsenic.\*

§ 2. Arsenic diminishes the vital energy of individual organs, or of a system of organs, or of the whole organism itself ; it develops symptoms which shew a limitation or diminution in the functions of the organs, as if it were a want of power of reaction,—sometimes a perfect paralysis : in short, a state similar to that which pathology shews to be an indirect diminution of the vital powers of life. This is seen from the following symptoms.

Dull headach, as if from a blow on the head ; a feeling of deadness in the head, without pain, the head is heavy, clouded, stupid, confused ; insensible stupefaction ; loss of sensibility and of consciousness ; want of intellect, and a loss of the internal and external senses ; weakness of vision, dimness of vision, almost amounting to complete blindness ; dulness of hearing ; loss of taste ; speechlessness ; paralysis of the pharynx and of the œsophagus ; want of power in the lumbar region ; heaviness, listlessness, fainting, emaciation ; paralysis of the inferior extremities.†

This asthenic state is uniformly present in arsenical diseases, and characterizes all their symptoms. Hence are the feelings of decay, of weariedness, of weakness, and of the diminution of the powers of life, very characteristic of this medicine, and therefore are itself the chief signs for its use. They are so peculiar to Arsenic, that, as Hahnemann says, “ even unimportant and otherwise trifling circumstances, produce a constant and complete sinking of the strength of an individual labouring under a disease produced by Arsenic.” Let us, for example, observe the symptom 609. “ A drawing pain be-

\* We have given the “ *Arzneimittellehre*” the preference to the work on Chronic Diseases, as in the latter many symptoms are to be found for which we should not like to be answerable. For example, all the symptoms marked H. G. (Hering), were observed in leprous subjects.

† In these respects, Arsenic is related to Arnica, Anacardium, Baryta, Caust., Cocc., Rhus.

tween the shoulder blades, which compels one to lie down." Thus to a symptom of itself so unimportant, as a drawing pain between the shoulder-blades, there is united such a feeling of weakness, that the person experimenting on, is forced to lay himself down! The sudden sinking of the powers of life,—this true sign of a disease from Arsenic,—is not a necessary consequence arising from the disorganisation of any important part, as for example, the stomach or intestines, since this great weakness is always present, although the organs present no such state.

3. Arsenic produces a decomposition of organic substance, a cachectic and colliquative state, which the following group of symptoms shews us.

A yellow, pale, death-like colour of the face, sunken eyes, a flow of blood from the anus, the urethra and womb; irritable eating ulcers of a cancerous character, and which are easily made to bleed; eruptions, similar to a scorbutic eruption, but with blacker pustules; falling off in flesh; dropsy, phthisis,\* &c. &c.

Arsenic, therefore, ought to be especially considered suitable for persons who are much debilitated; for persons in whom the powers of life are very low, and the nutritive juice very poor; for leucophlegmatic individuals, for persons of a lymphatic constitution, &c. (Compare Noack and Trinks' *Arzneimittellehre*, vol. i., p. 133.)

Arsenic has a very extended sphere of action—a sphere which nearly extends over every organ, and system of organs, of the living frame. This is partly the reason why Arsenic produces so many symptoms, and why it calls forth almost every kind of pain or feeling, it being a well-known peculiarity of the different tissues and organs of the body, that these pathological states are made known through feelings peculiar to themselves individually.

Thus, for example, when a medicine principally produces a gnawing and boring pain, we may conclude that it acts especially on the osseous system—when of a spasmodic character, on the different ducts of the body—when of a feeling of disloca-

\* In these respects it resembles Carbo. az. et veg., Chin., Laches., Iod., Merc., Sil.

tion, upon the joints—and when of a cutting and pungent character, on the serous and fibrous tissues. Among all the kinds of pain which Arsenic produces, the sensation of burning is the one which is most prominent and constant; and it is one which always accompanies or follows all the others. From this circumstance, we are able to deduce the following considerations.

When we know that a medicine is characterized by producing the sensation of burning, we learn at the same time,—

(a) That there belongs to the same medicine a number of other sensations, as crawling, tickling, itching, biting, &c., since they are all varieties of the same pain; as, when these are sufficiently high developed, they all take on the character of burning.

(b) That the skin and mucous membranes are the tissues principally affected by these medicines; because the feeling of burning, although it may also sometimes be present in other structures, is yet especially peculiar to these two.\*

4. Arsenic possesses the property of producing a periodical return of its symptoms, and this in so eminent a degree, that we, as yet, know of no medicine which surpasses it in this property; from which it follows, that Arsenic is very frequently indicated, when there exists a periodicity in the appearing of the symptoms of a disease. This periodical return of many of the symptoms of Arsenic takes place most commonly daily, but is also sometimes of the tertian and quartan types.

The physiological proving of many medicinal substances, makes us acquainted with the circumstance, that very many medicines produce a typical reappearance of several of their symptoms. If we examine still more minutely those medicines which are especially distinguished in this respect, and therefore, as *China*, *Ipecacuanha*, *Natrum muriat.*, *Nux vomica*, *Pulsatilla*, *Rhus toxicod.*, *Veratrum*, are used, especially by the homœopathic physician, against intermittent diseases; we shall find that they stand in close relation to the stomach

\* *Carbo. animalis* and *vegetabilis*, *Euphorbium*, *Mercurius*, *Pulsatilla*, *Secale corn.*, and many other medicines, also produce this sensation, but none do so to such a degree as Arsenic. Besides this circumstance, there are still other criteria, which prevent one from confounding these different medicines with each other.



and intestines, and to those functions which, while in health, act somewhat periodically, as the sensation of hunger and thirst, and the desire to go to stool. We, however, request this idea to be considered merely as an hypothesis which we have made, so that the specific actions of Arsenic on these functions in this new point of view, may be the better remembered.

5. The affections produced by Arsenic have this peculiarity, that they almost always (*a*) are accompanied by great restlessness and anxiety, which even sometimes borders on despair; (*b*) that they are lessened, if but for a short period, by external warmth; (*c*) that they are produced (if they be not already present) or increased by rest (lying or sitting); while, on the contrary, they are diminished by standing, and especially by walking. (The alternating action, the converse of this, is very rare, and therefore of less aid to us in reference to curing. When Hahnemann says, "the continual changing of the position of the body in bed is not so prominently met with in any other medicine," we have the explanation of this statement in what we have just said). (*d*) That generally with every attack of pain, we have also, at the same time, other symptoms produced.

The homœopathists lay on these symptoms, which, to the beginner, may perhaps seem of little moment, great weight; and this with much justice, as a closer observation demonstrates.

Of (*a*) It is greatly to the praise of Homœopathy, that it began to direct attention as to the changes of the psychical sphere, as well in making a diagnosis of natural, as in observing the symptoms of artificial diseases, and this more particularly in reference to the choice of the proper medicine. Hahnemann says, "One will never cure according to the law of nature, that is homœopathically, if he do not consider in every disease, even in those which are acute, the symptoms which arise from a derangement in the function of the mind, and who not only chooses a remedy which nearly resembles the other symptoms of the disease, but which is likewise capable of producing symptoms in the mind analogous to those presented by the disease itself." Experience has established the words of the old master. For this reason no good homœo-

pathic physician would order Arsenic in diseases where the feelings and mind are quiet, tranquil, clear, and happy, even although the other symptoms of this substance might agree with those presented by the disease.\*

Of (*b* and *c*). Warmth, generally, with most medicines, produces an increase in the symptoms of the artificial disease which it has developed, and only a few, as for example, *Aurum*, *Chamomilla*, *Sepia*, make exceptions to this rule, and agree with Arsenic. The same holds good as to the circumstance that rest increases many of the symptoms produced by Arsenic, while motion, on the contrary, diminishes these. We indeed likewise observe this circumstance in the symptoms produced by *Acidum muriaticum* and *Phosphoricum*, *Aurum*, *Pulsatilla*, *Sepia*, *Sulphur*, but especially by *Rhododendron chrysanth.*, *Thuja*, and *Rhus toxicod.* In most other medicines, however, we find the opposite to take place. These symptoms being very much increased, particularly by motion; therefore the peculiarities of Arsenic, given in the paragraphs (*b* and *c*), from their being so rarely met with in other medicines, may be considered as excellent landmarks to point out the cases in which it may be used with advantage.

Of (*d*). We here mean, that very often, at the commencement, or during or after an attack of pain, other symptoms appear, which at first seem to have no physiological connection with it. Let us observe, for example, the symptom 176, "Humming in the ears every time an attack of pain comes on." We shall have occasion to recur to this frequently afterwards, and only observe at present that this condition is only to be met with in a very few medicines, such as *China*, and even here very faintly.

(6.) There prevails a great variety in the relation of the symptoms produced by Arsenic to the different periods of the day; many of the symptoms produced by Arsenic commencing, or are increased, in the evening after having lain down; others usually two hours after midnight; others, again, early in the morning, after having risen, or after the mid-day meal.\*

(*To be continued.*)

\* In this it resembles *Ant. carbo an. et veget.*, *Tart. emet.* *Veratrum*.

*Tabular View of Diseases treated in the Hospital of the Sisters of Charity at Vienna. By Dr FLEISCHMANN. From 1st January to 31st December 1844.\**

DISEASES.	Remaining in Hospital from 1844.	Admitted.	Recovered.	Uncured.	Died.	Remaining.
Burns, .....	2	3	4	...	...	1
Chlorosis, .....	1	15	14	...	...	2
Colica pictorum, .....	...	2	2	...	...	...
Cough, chronic, .....	3	32	23	...	2	5
Catarrh, .....	...	8	7	...	...	1
Cramps, .....	...	2	...	1	1	...
... of Stomach, .....	...	6	6	...	...	...
Decline of old age, .....	...	3	...	3	...	...
Delirium tremens, .....	...	1	...	...	1	...
Dropsy, general, .....	...	1	1	...	...	...
Diarrhoea, .....	...	8	6	...	...	2
Dyspepsia, .....	1	19	20	...	...	...
Eruptions on face, .....	...	1	1	...	...	...
Erysipelas of foot, .....	...	4	4	...	...	...
... of face, .....	1	22	23	...	...	...
Exudation into cavity of chest, ...	...	7	6	...	1	...
Fever, catarrhal, .....	4	53	57	...	...	...
... gastric, .....	3	76	76	...	...	3
... intermittent, .....	1	66	61	...	...	6
... rheumatic, .....	2	96	95	...	...	3
... typhus, .....	12	201	177	...	23	13
Gout, acute, .....	...	1	1	...	...	...
... in heart, .....	...	4	3	...	...	1
... chronic, .....	...	1	...	...	...	1
Hæmatemesis, .....	...	2	1	...	1	...
Hoarseness, chronic, .....	...	1	1	...	...	...
Heart, organic diseases of, .....	...	3	...	2	1	...
Headach, rheumatic, .....	...	9	9	...	...	...
Icterus, .....	...	4	4	...	...	...
... chronic, .....	...	1	1	...	...	...
Inflammation of aorta, .....	...	1	1	...	...	...
... eyes, .....	...	3	3	...	...	...
... hip-joint, .....	...	1	1	...	...	...
... joints, .....	6	67	70	...	...	3
... lungs, .....	1	47	44	...	1	3
... membranes of } ... brain, .....	...	2	1	...	...	1
... ovaries, .....	...	1	...	...	...	1
... peritoneum, .....	...	12	10	...	1	1
... pleura, .....	...	1	1	...	...	...
... spinal cord, .....	...	1	1	...	...	...
... thyroid gland, ...	...	1	1	...	...	...
... throat (Angina } ... faucium), ... }	...	87	86	...	...	1
... trachea, .....	...	1	1	...	...	...
Carried forward, .....	37	877	838	6	32	48

\* From the 3d Number of the 1st Volume of the *Oesterreich. Zeitschrift für Homoeopathie.*

## Annual Report—continued.

DISEASES.	Remaining in Hospital from 1844.	Admitted.	Recovered.	Uncured.	Died.	Remaining.
Brought forward,.....	37	877	838	6	32	48
Inflammation of veins, ... ..	1	1	...	...	1	...
... .. valves of heart, ... ..	1	1	1	...	...	...
Hydrothorax, .....	...	...	...	...	...	...
Hydropericardium, .....	1	...	...	...	1	...
Hydrocephalus, .....	1	...	...	...	1	...
Leucorrhœa, .....	1	1	2	...	...	...
*Malformation of foot, .....	...	4	3	...	...	1
Marasmus, .....	...	3	...	3	...	...
Medullary fungus of liver, .....	...	1	...	...	...	1
Menstruation, irregular, .....	...	7	7	...	...	...
Menorrhagia, .....	...	2	1	1	...	...
Edema of lungs, .....	...	1	1	...	...	...
Paralysis, .....	...	1	1	...	...	...
Phthisis, .....	...	21	...	5	15	1
Porrigi capitis, .....	...	1	...	...	...	1
Psora, .....	...	2	2	...	...	...
Rheumatism, acute, .....	...	57	57	...	...	...
... .. chronic, .....	...	4	4	...	...	...
Scarlet fever, .....	2	1	3	...	...	...
Swelling of the cheek, .....	...	5	5	...	...	...
... .. foot, .....	...	2	2	...	...	...
... .. throat, .....	...	1	1	...	...	...
... .. knee, .....	1	3	2	...	...	...
... .. glands, .....	...	1	1	...	...	...
Scrofula, .....	...	3	1	...	2	...
Softening of stomach, .....	...	1	...	...	1	...
*Tetanus, .....	...	2	1	...	1	...
Ulcers of the foot, .....	2	15	17	...	...	...
... .. hand, .....	...	1	1	...	...	...
... .. cornea, .....	...	1	1	...	...	...
... .. lungs, .....	1	2	...	2	1	...
... .. stomach, .....	...	3	2	1	...	...
... .. scrofulous, .....	...	4	4	...	...	...
Variola, .....	5	6	9	...	2	...
Varicella, .....	3	19	22	...	...	...
Vomiting (gastric derangement),...	...	1	1	...	...	...
... .. chronic, .....	...	1	1	...	...	...
Total, .....	52	1058	991	18	57	52

\* Cured by operation. Ed.

## REVIEWS.

*Animal Chemistry, or Organic Chemistry in its application to Physiology and Pathology.* By JUSTUS LIEBIG, M.D., &c.  
London: Taylor & Watson, 1842, pp. 345.

[Continued from p. 247.]

The starting point of our author, in the consideration of this subject, is the enunciation of the existence, in the living body, of a distinct force—the vital,—which is stated to be the cause of growth in the mass—of resistance to external agencies—as a cause of motion and of change;—an exciter of decomposition—a changer of the direction of chemical forces—a destroyer of the mechanical force of cohesion—as an attractive force; and that its existence, in an unequal intensity, in parts, comprehends not only an unequal capacity for growth in the mass, but an unequal power of overcoming chemical resistance. This is in direct opposition to what he has stated in the previous part of his work; but as medical men, in this country, seem but too prone to recognize in Liebig a great physiological authority, it may be as well that we inquire into the truth of what he here so dogmatically asserts. “The manifestations of a vital force,” says he, “are dependent on a certain form of the tissue in which it resides, as well as on a fixed composition in the substance of the living tissue.” If the manifestations are, of course the force is likewise dependent, for it is by the manifestations alone that we can become cognizant of the existence of such a force; and if dependent, how is it at one time a cause, at another time an effect? Nothing, surely, can be more absurd than pompously to announce the existence of a thing, and then immediately to state that it is inadequate for the purpose it is assumed to fulfil. “In inorganic nature, do we require to assume the existence of distinct entities to explain the phenomena of attraction, combustion, &c.? We know not how or why a certain aggregation of matter called phosphorus should be capable, when exposed to certain agents under favourable circumstances, of exhibiting the phenomenon of combustion; or why a certain other aggre-

gation of matter, called ivory, should be capable, when struck by a hard substance, of displaying those of sensible motion. But we know that they do so; and we satisfy ourselves, in these instances, with stating that the phosphorus is, *qua* phosphorus, combustible, and the ivory, *qua* ivory, elastic, without ascribing to them any substantial principle of combustion or of sensible motion. In like manner, we know not how or why a certain aggregation of matter, called organized, should be capable, when acted on by certain appropriate powers, of manifesting the phenomena of life. But we know that it does so—that the more perfect the organism is, the more remarkable are these phenomena—and that any change in the former produces a corresponding change in the latter; and what other proof can we require, or possess, that organized matter is, *qua* organized, endowed with vitality, and that it is not upon any substantial principle of life that these phenomena depend?\*" It gives us pleasure to notice, in the recent work of Mulder on Organic Chemistry, that he has, with much acuteness, although in a form of argument formerly used by Thomson, exposed the fallacy of the vital principle school,—one in which Liebig aspires to be a leader, although he appears to be ignorant of the real force or meaning of the words he employs. "No idea (that of a vital force) can be less distinct than this. The existence of such a force in the fully formed organism is assumed as governing the whole. Respiration, the circulation of the blood, the functions of the nerves, &c., are effected by one force, which is called Vital Force. This vital force causes respiration here, digestion there, the secretion of the saliva and of the pancreatic juice in other parts of the body. It maintains at once the substance of the bones—of the muscles—of the brain. It is supposed that this same force is modified, with reference to the different organs which it influences. What would remain of the primary idea of force, if we saw force—here causing motion, there effecting a chemical alteration—elsewhere producing feelings or sensations? It seems to me that, in its ordinary signification, the term vital force expresses an idea as incorrect as if we supposed that one simple force, differently modified, operated

\* Fletcher's Rudiments of Physiology, p. 30.

in a battle fought by thousands—a force that acted so as to fire cannon and muskets, cut with swords, transfix with bayonets, sound trumpets, and keep men and horses in constant agitation, &c. The army appears as a substantial whole, and produces phenomena. The organism, composed of the most different parts, also appears as a substantial whole, and produces phenomena. If we assume for the latter a single force, differently modified as the organs vary—a single vital force by which the whole is animated, then, to be consistent, we should assume the existence of a *fighting* force in a battle.”

A careful perusal of this chapter will enable the reader to see that Liebig, however excellent he may be in the *practice* of chemistry, loses himself in a sea of contradictions; and that the ideas he possesses of all forces are exceedingly unlike those, which we should have expected in one enjoying such a reputation as he does for philosophical argument.

It might be as well that we should here inquire what is the true meaning of force.

“When we speak of attraction and repulsion,” says John Fletcher, “we, indeed, seem to be speaking of simple forces producing certain actions; but we are, in fact, speaking of the actions themselves, those of attracting and of repelling, the forces being, in both cases, quite distinct from these actions, and consisting of a property of being attracted or repelled, on the one hand, and a power of attracting or repelling, on the other.” And again, here is Mulder’s explanation of the term force. “In the natural sciences, force is assumed to signify an assumed cause of observed phenomena; we do not, therefore, observe forces, but suggest their existence to ourselves; and we do so in conformity with sound principle, for the phenomena constrain us to believe that such forces exist. No cautious inquirer into nature goes farther than this in the present day. We do not introduce forces to which we assign properties, but we form the idea of some particular force, after the necessity for its existence has been demonstrated by the observation of natural phenomena. The idea of force is, therefore, a concrete one, by which every specialty in the phenomena is embraced, and unity is given to the whole.” Here, then, we think we have a proper defini-

tion of the term force; which is in strong contradistinction to the illogical application of it made by Liebig, who assigns to his vital force a series of properties, with which, if it is endowed, it becomes a distinct entity. Philosophically speaking, we might, with as much propriety, assign to the force of gravitation a series of properties, consisting of all the modes of being which gravitant matter assumes.

So far as we have gone, we find that Liebig has employed the term in a twofold sense,—first, in his “vital force,” which is expressive of a distinct entity; secondly, as a property distinctive of an organized tissue; but what can be thought of the clearness of our author’s views when he adds a third application of the term, and from his statements we are left to infer that it is only a mode of the being of matter. “The amount of motion,” says he, “is the momentum of force.”

Liebig has, however, furnished us with as excellent an illustration of our views as we could have desired. It is as follows: “As the manifestations of chemical forces (the momentum of force in a chemical compound) seem to depend on a certain order in which the elementary particles are united together, so experience shews us that the vital phenomena are inseparable from matter; that the manifest actions of the vital force in a living part are determined by a certain form of that part, and by a certain arrangement of its elementary particles. If we destroy the form, or alter the composition, of the organ, all manifestations of vitality disappear.” It is not long, however, before our author contradicts himself, as the following sentence will shew: “It is obvious that a certain amount of vital force must be expended to retain the elements of the complex azotized principles in the form, order, and structure, which belongs to them:” although, as the former sentence announces, this “form, order, and structure,” is the cause of the vital force. The effect is thus made, illogically enough, to have some share in the production of the cause.

His explanations, if such they can be called, although evidently by him intended to be so, of certain inexplicable phenomena, are, to say the least of them, very unsatisfactory. We are told, for instance, that the cause of the decadence of



plants, and of the limitation to the duration of life in plants and animals, depends on this, that, after the establishment of an equilibrium betwixt the vital and chemical forces, a further increase of the latter takes place, which, continuing to increase, finally destroys the other. Such a statement brings us not one whit nearer to the knowledge of how this is caused, or how this assumed equilibrium is disturbed. Science has gained nothing by the communication of the dogma; and if it had been stated that all we know of the matter can only be expressed by saying it is an ultimate fact that plants, &c., die, it would have been a less pretending, but not less intelligible statement.

We shall now proceed to a consideration of the theory brought forward by our author on the cause of motion in animal bodies.

For the purpose of illustrating his subject, and bringing us step by step to a comprehension of the views he entertains on it, he proceeds to trace the forces exhibited by chemical action in the galvanic pile, which are, according to him, transferred to a distance, and transformed into a new force, the mechanical in producing motion. Now, we are not at all convinced, however pleasing and simple it may appear to be, that any such thing as transference of chemical force takes place here; and we would, so far as we know of a subject, which, for the present, must remain in profound obscurity, rather adopt a view more material, and look upon the electrical currents proceeding along a wire, as a proof of the elimination during chemical action of something really existing. For, did we not prefer this view of the subject, we should be apt, like our author, in tracing the analogy between the galvanic current and the vital agent, to fall into the error which he evidently embraces, when he inferentially states that the vital force, if not identical, is closely allied to electricity in its nature; and the way this conclusion is arrived at, is simple enough. He sees galvanic phenomena resulting from the decomposition of water by zinc, an absorption of oxygen, and a power produced in the direct ratio of the oxygen consumed, and capable of transmission to any distance. In the human

body, again, he finds that oxygen is consumed, that tissues become effete and are thrown off, and that power appears to be produced in proportion to the oxygen absorbed. "Muscular substance is oxidated, as the zinc, in the part, force is generated, which is distributed by the nerves to different parts; when it is in excess in one organ, it is conveyed to other parts where deficient." From this decided relation between the change of matter in the animal body, and the force consumed in mechanical motion, no other conclusion can be drawn but this, that the active or available vital force in certain living parts is the cause of the mechanical phenomena in the animal organism." Now, we admit the facts that all living action must consist, like ordinary chemical processes, in a series of actions and reactions, which we only become cognizant of by witnessing them; but, for Liebig to imagine that he has simplified the matter, or thrown any new light on it, by assuming that the force of motion, or motion occurring in chemical changes, is transferred or transformed, on the one hand, into electrical phenomena, or, on the other, into mechanical, or, in the third place, into vital phenomena, we feel constrained to deny. The very term, transference of force, is unsound. It is only that which is substantial, as Mulder remarks, that can be *communicated*.

And, in truth, all that we know of the matter, or are likely to know, is this, that the living body is composed of various tissues, in other words, vital compounds, each endowed with its own special properties, capable of being acted on by other compounds, and again reacting on them,—of giving rise to phenomena—to actions (in which, truly speaking, consists life), that these properties, as in the case of the action of an acid on an alkali, are exhausted; that for the purpose of being renewed, and the actions again repeated, they require the deposition of fresh nutriment, otherwise life, which, as we have just stated, consists but of these actions, must cease. And it may be summed up in this, that of the nature of these vital forces we know nothing; but this we certainly do know, that they are neither the electrical nor the chemical, because the phenomena they present are not those of either of the latter. But when

we, as physiologists, admit that of them we know nothing, we are not a whit more in ignorance, than is the chemist or mechanical philosopher, of the nature of the properties which characterize inorganic matter. A few pithy remarks follow up the chapter on animal motion, and these are entitled Theory of Disease. This subject is very summarily disposed of by our author, who states, that disease occurs when the sum of the vital force is weaker than the acting cause of disturbance. Every cause is then assumed to be mechanical or chemical, and acting as such, by producing a disturbance in the proportion of waste and supply. A deficiency of resistance, we are then told, means, that the oxygen of the atmosphere acts more energetically on the living tissue, and, of course, more motion than normal is produced. The superabundant force is then conducted away by the nerves, and an acceleration of the involuntary motions, with an increase of temperature, takes place. This constitutes a febrile paroxysm. Nothing can be simpler; and the proximate cause of fever, which has puzzled the brains of physicians from Hippocrates downwards, is clearly shewn forth to be nothing more than a quicker burning of the lamp of life. The remedies would seem, however, to be, to a certain extent, homœopathic; for a cure, it is stated, is effected by the action of blisters, sinapisms, &c., which act by creating a more intense disturbance or combustion of tissue in a previously unaffected part than exists in the diseased one. When, however, the lighting of a neighbouring fire does not extinguish the other, the physician, we are told, acts with wonderful sagacity indirectly, when he diminishes, by his bloodletting, the oxygen carriers, when, of course, the fire goes out of itself. Pity that the doctrine is not followed out by the admirers of Liebig, and a practical exhibition made of the excellence of the discovery. Formerly, the inhalation of dephlogisticated air, or of nitrous oxide, was viewed by the enthusiast of half a century ago as a panacea for all the ills that flesh is heir to; but as the world grows older, we grow wiser, and the proper course now would appear to be the very opposite; and there can now be no difficulty in smothering the fever, by making the patient inhale hydrogen gas, provided it should not smother himself. It is

scarcely possible to read this chapter without a feeling of wonder at our author's style of cool assumption. No difficulty occurs to him,—no exceptions to his generalizations ever appear to have entered his mind, but he goes on ploddingly with the most unmatched gravity, dealing forth his *formulas* of disease with all the precision of an algebraist. For instance, *sympathy* is defined to be the transference of diminished resistance to more distant parts, a mode of expression too palpably absurd to require any comment.

The chapter on respiration is interesting in a chemical point of view, but presents nothing worthy of special notice in a physiological sense, as it is a subject still *sub judice*. But even chemically, the whole doctrine is open to many objections; and the assertion, that the iron in the globules is the main oxygen carrier, is doubted both by Simon and Mulder, who believe it to be in the metallic state; and that the colour of the blood depends on the degree of oxidation is certainly not true, as the colouring matter has been obtained by Simon perfectly free from iron. The inference drawn then by Liebig, of the cause of the frightful effects of prussic acid and sulphuretted-hydrogen, by their ready action on the compounds of iron, when alkalies are present, must fall to the ground.

We have devoted the utmost care to a perusal of this work, and we rise from it with the conviction that Liebig, so far as he states facts connected with nutrition of tissues, amount of food necessary for production of motion, &c., may be chemically correct; but that, departing from his weights and his balance, he aspires to be a philosophical physiologist, and, to explain causes of which he is necessarily ignorant, that he departs not only from his legitimate sphere, which he is so well qualified to occupy, but, from ignorance of what others have done and written before him, he entangles himself in a maze of contradictions, and confuses, by constantly shifting his principles, those who may seek information from his work; and here we are sorry to say, that the difficulty of dealing fairly with him arises less from the nature of the subject, than from the illogical and heterogeneous ideas he seems to entertain, at one time appearing as truisms, clothed in the technical language of the laboratory, at another, in the use of words which,

however special they may be in the vocabulary of those who have previously studied physiology, are by him used frequently in a sense which may mean everything or nothing.

In our next we shall devote a few pages to the consideration of the relation which organic chemistry in general bears to physiology, and more especially to Homœopathy.

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*An Inquiry into the Physiological and Medicinal Properties of the Aconitum Napellus; to which are added, Observations on several other species of Aconitum.* By ALEXANDER FLEMING, M.D., President of the Royal Medical Society of Edinburgh. London: John Churchill. 166 pp. 8vo.

This essay obtained the prize last year from the University of Edinburgh as a Thesis, and, since that time, it has been subjected to the careful revision of the author; so we may regard it as a fair specimen of a treatise on the special action of a drug, by a pupil of the old school of medicine. Presenting itself to us with so good a letter of introduction, we received it with considerable expectation of deriving benefit from its acquaintance; and it was most unwillingly that we were forced to the conclusion that it was a superficial and unsatisfactory work,—that it communicated little accurate information upon the subject treated of, the observations having been carelessly made, and insufficiently stated, and the inferences unsupported even by the adduced facts. We, however, readily pardon the absence of that exhaustive erudition which gives such completeness to the historical parts of German treatises upon a similar subject, as this was hardly to be looked for, and oftener serves more for ostentation than advantage. It was not, as we have said, in a censorious spirit that we began the perusal of this work: we were anxious to learn from it more of the action of our most important medicine; we were even glad to think that the labours of the new school of medicine, in the way of investigating the properties of drugs, were at length to be shared by the old school, from whose knowledge, skill, and leisure, so

much might be expected ; and we would do all justice to the talent and industry displayed in this work by the author. It is the comparative waste of this industry that makes us regret so much that he should, on the one hand, have wholly neglected the accurate and full details that other authors had already given of their experience in regard to the effects of Aconite ; and, on the other, that he should be so hampered by his anxiety to accommodate his statements to the arbitrary divisions of the false science of pharmacology, as to deprive himself of the free use of expressions respecting the phenomena he observed. It seems not to be borne in mind that the classification of medicines can never be subjected to the same rules as objects of natural history. That in the latter it is quite sufficient if certain constant characters are noted down as common to all the different individuals, while in every other respect they may differ, because the end sought is arrangement, and not a statement of all the properties ; while, in the former, the classification is of no consequence, and a catalogue of all the properties of the object of the greatest importance ; for, on our accurate knowledge of them depends our power of adapting it to use. The practical arts do not attempt such a use of their correlative sciences ; the definition of an oak, sufficient for botanical classification, is not enough to inform the ship-builder of its peculiar fitness for his purpose ; it specifies the form of the leaves and bark, and the way the branches grow, but it does not tell him of the gnarled and unwedgeable substance of the trunk, that enables the fabric into which it is made to defy the elements for a century—nor that this of all the members of the group is *the one* fitted for such a purpose. In like manner, the description of the action of the medicinal action of a plant may be amply sufficient to secure for it an unquestioned title to take its place as an anodyne or a calmative, but quite inadequate either to indicate its peculiar fitness in certain diseases, or to explain the singular benefit it does in cases in which other members of the same class are inert.

Our space will not permit us to do more than give a general analysis of the work before us ; but even that we think will be sufficient to establish the justice of our observations.

The book consists of 90 pages, and an appendix ; it is divided into six sections, and the sections are again subdivided into divisions ; so there is no danger of a reader losing his way.

*Section First* treats of the history, botany, &c. of the plant ; the influence of climate and culture on its properties ; the respective activity of different parts of the plant ; and the influence of season on the activity of the roots and leaves. The gist of the latter part of this chapter is, *first*, That the root is the best part for medicinal use, being most active and most abundant ; and, *second*, That the leaves should be gathered before or during the flowering season, and the root soon after it. *Section Second* is on the physiological action of Aconite on animals. These are, slight spasmodic twitching of the limbs, paralysis of the voluntary muscles, contraction of the pupil, partial loss of sensation, quick and weak action of heart. Aconite is also a poison to vegetables ; a healthy plant soon dies when introduced into an infusion of it.

*Section Third* is on the physiological action of the plant on man. With the elaborate treatise upon Aconite before us, which has recently appeared in the Austrian Journal of Homœopathy, it would be a waste of time to give a detailed account of the results of Dr Fleming's observations, which, with very few exceptions, and these not satisfactory cases, were made upon persons labouring under disease. We think it more advisable to give, in place of this, a translation of the experiments of two observers, which are detailed in the paper alluded to, that our readers may compare them with the latter part of our author's work, which treats of the therapeutic action of this plant.

Dr F. H. Arneth made three separate experiments upon himself.

1. He took, on the 20th of February, while fasting, 10, and, a few hours afterwards, 15 drops of the mother tincture of Aconite, not knowing at the time what it was he took. The only sensation produced by it was a slight burning feeling of the tongue. 21st. He took 15 drops while fasting. Besides the burning at the tongue, immediately after taking the medi-

since he felt pressure and frequent stitches in the anterior part of the eyeball not altogether superficial. 22d. Morning and evening, 20 drops. On the 23d, at noon, 30 drops. Almost immediately after swallowing the dose, he felt the pain in the eyeball described above, which recurred several times in the course of the two days. Dr A. attributes less weight to this symptom, as his eyes are the organs most easily affected. From about the 26th, he felt, without having taken more of the medicine, symptoms of taking cold; much running from the nose; shivering over the back, especially about evening; • respiration easily impeded, attended with slight pressure below the sternum, at times transient heat; quickened, rather full pulse. The nights were very restless; lively dreams of what befel the previous day. Dr A. ascribed these symptoms to exposure he had to undergo; and, on the 28th, took 25 drops more. Moderate increase of all the symptoms followed. On the 29th, he took 40 drops in the forenoon. Besides the symptoms previously observed, he experienced slight griping about the navel, as after drinking manna, and soon painless diarrhoea; afterwards an enduring pressive pain over the right eyebrow. Towards evening the febrile symptoms increased so much, that, to dissipate the symptoms, *he took some globules of Aconite, as he did not know the medicine he was proving.* The following night was equally restless and full of dreams. Not feeling at all better, he took, on the 30th, in the morning, some globules of Aconite. The inefficacy of the medicine he ascribed to the fatigue he was subjected to. The mystery cleared up when he knew he had been proving Aconite. The feverish condition, with the other symptoms, continued to the 8th of March. By the 7th of March, the difficulty of breathing was increased, and the respiration was particularly affected on the left side of the chest, about the region of the heart, and attended by an intermittent pulse. There were 5 hard, full, quick beats, and an intermission at the 6th, both at the heart and at the radial artery [the intermission of the pulse is especially noticed by Dr Fleming]. This symptom continued the whole day. Dr Aræth became pale and thin; his gait and whole appearance gave so much



expression of illness, as to alarm his friends. He had pain all along the course of the urethra when micturating.

On the 9th of March, he had sensation of shortening of the sinews of the knee; pain in the patella, as if it had been struck. This lasted from the 10th to the 11th. On the 12th he felt quite a peculiar sensation in the eyeball, just such a one as amaurotic patients, in the first stage of the disease, describe themselves as feeling; a sense of warmth and fluctuation in both eyes, with involuntary closing of the eyelids; and although it was quite clear in the room, he seemed as if he would hardly be able to read from want of light. Even after he had convinced himself that he could read, the sensation continued. On the 13th he felt slight drawing pain in the right shoulder, which went away about mid-day, but was followed by a tearing and drawing pain, and sense of lameness, of the left shoulder-joint, which lasted two days [Dr Fleming mentions muscular pains among the physiological effects]. 15th. Sensation of shortening of the *tendo achilles* in both legs, so that he found it very difficult, especially in the evening after sitting some time, and in the morning, on first rising, to stand upright, without his knees knocking together. These symptoms lasted, without his taking any more medicine, for three weeks, and had not wholly disappeared until the 5th of April.

2. On the 5th of April, when fasting, and afterwards before dinner, a table spoonful of the third dilution each time. Immediately after taking it, he felt pressive headache in the forehead, especially over the right eyebrow, with a peculiar dread of being shaken when driving, even without his being in a carriage. He felt the same on the following day, after two similar doses. On the 7th and 8th of this month, each time while fasting in the morning, and in the evening, he took a table spoonful of the second dilution, and on the 9th and 10th the same quantity of the first. His nights were very restless; he dreamed of things he had not thought of for years, and that so vividly, that even after he awoke they stood before his eyes. And on waking in the morning, confusion of the head, and discharge of bright red blood from the nose. On the 10th he had

only confusion of head; he took no more, and felt himself well from that time.

3. On the 20th of April he took 50 drops of the Mother-tincture, which, however, had no effect. After 60 drops, he had discharge of blood from the nose, and pressive pain over the whole head.

April 22d he took 80 drops. Vesicular eruption on both temples. Restless nights. On the 23d, 100 drops. From this there followed bloody discharge from the nose, violent jerking of the limbs on falling asleep, so that it wakened him. Restless nights. For two days he had felt much desire to vomit immediately after taking the medicine, which subsided in the course of an hour or two, as soon as he had taken his ordinary breakfast-roll and cold milk. On the 24th of April he took 130 drops of the pure Mother-tincture of Aconite. Immediately after taking it, strong and enduring desire to vomit, with much confusion of the head. Dr Arneth here concluded his experiments, judging that his susceptibility to the substance was now exhausted.

We shall next detail the experiments of Dr Gerstel, slightly abridging his account.

On the 5th of January he took, fasting, 6 drops of the Tincture of Aconite, in half a table-spoonful of water, without any result. On the 6th he took 8 drops. He felt a sense of giddy confusion in the right side of the forehead while walking in the open air; pain as if beaten in the nape of the neck;—felt, on moving, as if it was confined to certain muscles, especially at night. During sleep at night, sense of dryness of throat, with inclination to drink on awaking. Soon after, a profuse perspiration broke out.

7th, in the morning, 10 drops. Soon felt unusual weariness of the legs, of short duration. The pain in the neck continues. 8th, in the morning, 16 drops. For nearly an hour a sense of burning in the throat and tongue, as if from pepper, &c. 10th, noon, 20 drops. Immediately felt heat in the chest, and unpleasant sensation about the heart. Took, on the evening of the 11th, 20 drops; slept unsoundly, and frequently waked, with a peppery taste in the mouth. 12th, morning, 27 drops;

pressive stupifying pain in forehead, which became worse in the evening, attended with palpitation of heart, and transient heats. The pain in neck, which had been three days away, came back to-day. 15th, 40 drops in a glass of water—took a fourth part of it in the morning fasting.

Besides former symptoms, violent palpitation of heart, with unpleasant sensation at the region of the heart. After an hour, pain as from a bruise in the middle of the thigh, and unusual coldness of the feet. About 12 o'clock, a similar dose. Pain in left temple returned, attended with the sensation as if the forehead and face would swell. This sense of swelling spread itself over the whole body, and is attended with many unpleasant feelings. Bruised feeling of the muscles, sense of heaviness in the bones. The pains are most constant in the left side of the heart, face, breast, and left arm, and attended with a constricted feeling of the heart. At 4 in the afternoon:—Since taking the second dose, a persistent sensation of cold pervades the whole body. Sense of heat in face, and redness of the cheeks. The pulse which, at half-past 3 o'clock, was 67 and compressible, at 4 o'clock was 74 and stronger. At 5 o'clock the pulse was 102, full and hard. Although the sense of coldness of the extremities continued, an agreeable warmth suffused the body, with a sense of anxiety and heat at the heart. Perspiration broke out over the whole body, attended with a sense of pressure on both eyes alternately, as if the whole eyeball were squeezed in its socket. The most of these symptoms continued the whole evening. On 16th and 17th, took the rest of the tincture, with a mitigated recurrence of the former symptoms. He adds—"Since I had smallpox, twelve years ago, I never remember to have been so feverish." He made several other experiments with various doses of the tincture, and found that, while the smaller doses excited violent feverish symptoms, with slight catarrhal affection, larger doses, after producing the symptoms of muscular weakness, chiefly affected the mucous membrane of the ear and bowels.

This observation is a sufficient explanation of the absence of febrile effects in the experiments from which Dr Fleming makes his deductions regarding the action of Aconite. It is evident that that painstaking prize-essayest confined his atten-

tion to the action of this drug either on persons in sickness, or when administered in such large doses as to display nothing but its sedative action. This makes his work for all practical purposes quite useless. It is, however, interesting to observe how completely the observations of Drs Gerstel and Arneth correspond to one another, and are corroborated in the main by Dr Fleming's investigations, as far, at least, as the vague account of his vague inquiries can confirm any thing.

We shall now direct our attention to the Therapeutic portion of Dr Fleming's work, which is certainly immensely superior to the Pharmacodynamical. The general therapeutic inferences Dr Fleming makes are—

1. (P. 36.) That Aconite is a powerful antiphlogistic.
2. That it is calculated to be of great value in all cases where there is inordinate activity of the circulation.
3. (P. 38.) That it will probably be found a highly advantageous antiphlogistic in pneumonia, pleuritis, &c. That it seems calculated to be serviceable in spasmodic asthma.

These practical inferences, although set forth with something of tautological pomposity, are undoubtedly highly valuable to those unacquainted with, or unbelievers in, the success of the homœopathic administration of this drug in inflammatory affections, and perfectly correspond with what *we* should anticipate from the result of the experiments we have just detailed. Dr Fleming's explanation of the cause of the virtues of this plant we shall notice briefly in the sequel.

In Division 5th we find a melancholy illustration of the misapplication of chemistry, under the head of "Treatment of poisoning by Aconite," we have pure tannic acid *and the infusion of the stomach of a rabbit recommended*; "although," as our author facetiously observes, "from the length of time which it requires to act, this (its utility) *is more than doubtful*." We believe that it is pretty well established, that a strong infusion of coffee is of great service in counteracting Aconite, as well as other vegetable poisons, and is more easily obtained than the tripe-soup our author proposes as certain to do no good. Vinegar is also an antidote to Aconite. Coffee is afterwards mentioned among the stimulants to be employed, but its specific action is not referred to.

Let us now examine the special therapeutic virtues of Aconite. We find that it is an *anodyne*, (p. 54). Its anodyne action may occur in three ways: by acting directly on the sensibility of the nerves as in its topical action; by rendering the whole brain insensible to impressions, (*i. e.*, its sedative action); and, lastly, "in virtue of a general law in the physiology of the nervous system, that two impressions cannot be perceived at the same moment. Thus, supposing the inferior dental nerve to be in a neuralgic condition, by establishing in the nerves of the skin above it a new sensation of a powerful kind, the brain may for a time cease to be cognisant of the morbid impression." Why, this is simply by counter-irritation; and by the same rule a blister is entitled to claim its rank among the anodynes in future. But besides being an anodyne, it is an anti-neuralgic; "it not only allays pain, but is capable of removing permanently the morbid condition of the nerve on which the pain depends." This he considers about its best established therapeutic virtue; and this is left absolutely unexplained: for to say it cures a nervous pain, because it is an anti-neuralgic, is just saying it cures it because it cures it. Would it not be better to avow ignorance, than to gild it with Greek?

On its antiphlogistic action we find this sensible observation, (p. 55). "An agent which can directly depress the circulation to the extent that I have shewn Aconite to be capable of doing, and which can sustain this action for any length of time, must be admitted to be a highly valuable member of the *Materia Medica*. The use of Aconite may be persevered in for weeks, leaving, on its discontinuance, scarcely any or no unpleasant effects; in this respect, possessing a great superiority over Venesection, Mercury, Purging, &c., which, while [even should?] they remove the disease, debilitate the patient to a greater or less extent, and expose him to all the annoyances of a protracted convalescence." Is the author aware of the extensive application made of this medicine by homœopaths?

We now come to consider his Chapter on Rheumatism, Division III. of Section IV., p. 69. It is here mentioned, that the average period required to effect a cure of acute rheumatism by Aconite, is 5 to 6 days, the usual duration of the disease

under the ordinary treatment being about a fortnight or three weeks (See Macleod on Rheumatism, 1842, p. 154). Dr Corrigan, who treated cases with Opium, gave 9 days as his average. The improvement from Aconite is very speedy, some alleviation of the pain taking place in an hour, and few requiring more than a few hours. According to a table of 22 cases, which Dr Fleming gives, affection of the heart is rare under this treatment; it was observed in only two cases, and in those it had existed previous to the administration of the Aconite, and manifestly improved by the use of that medicine; whereas, Bouillaud (*Nouvelles Recherches sur le Rheumatisme, &c.*) states, "that in his practice, which was to bleed largely during the first five days, one-half of the cases presented some cardiac complication;" and Dr Macleod, (Macleod on Rheumatism, p. 154), who followed a similar plan, although he did not carry it so far, met with pericarditis in 52 out of 226 cases; that is, nearly one-fourth of the whole. These are interesting facts for the advocates of bloodletting. A little farther on (p. 73), we meet with this attempt to account for the benefit of Aconite in rheumatism. "Dr Lombard, of Geneva, is of opinion, that Aconite acts in acute rheumatism as a specific. I am inclined, however, to refer the good effects which follow its use, *entirely* to its great power as a sedative of the nervous and vascular systems; or, in other words, as an *anodyne* and *antiphlogistic*." As his reason, he says, "I do so, because I have never seen much benefit result from its administration, unless when given to an extent sufficient to develop its physiological action in considerable intensity."\* We shall not waste words combating the reasoning, but shall simply confute the statement on which it is grounded, by quoting the first case of rheumatic fever he details in the Appendix, as having come under his own immediate notice.

"J. H., ætat. 22. Of sanguine temperament; a painter by trade. Has had two severe attacks of rheumatism within the last three years, having been confined to bed on each occasion for many weeks. First seen on the 4th day of the present attack.

\* We can state, on the best authority, that cases of rheumatism were cured in the Royal Infirmary by Aconite without any physiological effects appearing.

"14th February.—Pulse 120, full and strong; skin hot and dry; bowels constipated; tongue furred; urine scanty and high coloured; shoulders, elbows, knees, and ankles painful and tender; knees much swollen, hot, and covered with clammy perspiration. Cannot make the slightest motion, from the severity of the pain. Action of heart tumultuous and strong. Has had no sleep for the last three nights. To have 3 minims of the Tincture of Aconite three times daily; an ounce of castor-oil.

"15th. Pulse 100, and softer than yesterday; action of heart much calmer; bowels have been freely evacuated. Pains somewhat diminished, but still severe. To have 7 minims of the tincture thrice daily.

"Feb. 18th. Pulse 72, compressible; action of heart quiet, urine of natural colour, and more copious. Pains in joints very slight; can move legs, and permit the affected joints to be handled freely.

"17th. Pulse 56, moderate; has some numbness and prickling in the lips and points of fingers; complains of slight giddiness and confusion of vision. The pains are nearly gone. To have 6 minims thrice daily."

No other physiological effects are stated, and he was soon quite well. We find by this that the patient was almost cured of the pain, and entirely of all fever, before there was the slightest appearance of physiological symptoms manifested.

We cannot take leave of Dr Fleming without making the remark, that it betrays a singular want either of penetration or of courage, on his part to omit all mention of the fact that this medicine has been long employed by homœopathists for the treatment of those very diseases in which he strongly recommends its administration. A few years ago, when Homœopathy was a distant name, this silence would have been unblameable. But as Dr Fleming knew that a Clinical Professor of the Hospital in which his researches were made, and to whom he refers, has since been led to prosecute the study of Homœopathy, to adopt its practice, and to publish his sober conviction not only of its reality, but of its superiority to other systems,—to omit all mention of it, betrays, either an indifference to the progress of scientific investigation, unworthy of the Laureate of Edinburgh, or a cringing spirit towards Col-

lege authorities, and an ignoble fear of provoking their displeasure, incompatible with that uncompromising love of Truth—the safeguard of Science, Liberty, and Religion, which leads its firm and modest disciple to exclaim, *Plato amicus et Socrates amicus, sed magis amica Veritas.*

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*A Glance at Hahnemann and Homœopathy.* By ERNEST VON BRUNNOW, &c. &c. Translated by J. NORTON, M.D.

We are glad to find our recommendation to translate this *brochure* has been attended to, and we have no doubt Dr Norton's labour will be rewarded.

It is rendered into pleasant and readable English; but as we have already noticed the work in the original, we do not think it necessary to go into detail again on its merits.

The non-medical reader will find an agreeable account of Hahnemann; the professional reader will find a free criticism on the Reformer, and may be disposed, on the principle of *contraries*, to entertain worthier notions of him.

We notice that Dr Norton has at once, and, we think, properly, derived our words, Homœopathic, Antipathic, &c., from the corresponding Greek adjectives, *ὁμοιοπαθής*, of similar properties, that which has a similar influence; *ἀντιπαθής*, of contrary properties, that which has a contrary influence, &c.

The word Homœopathy—*ὁμοιοπαθία*—was used by the Greeks to express that figure in rhetoric, by which an appeal is made to the sympathy of another. Dr Norton has silently availed himself of this appeal to us; for he has extracted from this Journal, without acknowledgment, five pages of his translation. We forgive him, for the sake of his Greek.

While on this subject, we may be permitted to observe, that the word *ὁμοιοπαθής* occurs twice in the New Testament—Acts xiv. 15; and James v. 17. In those passages, it means one liable to be affected in a like manner, subject to like infirmities. The sympathy *καθ' ὁμοιότητα* is nervously expressed in Hebrews iv. 15, with which compare the 18th verse of the 2d chapter of the same Epistle.



*An Inquiry into the Homœopathic Practice of Medicine.* By WILLIAM HENDERSON, M.D., Professor of Medicine and General Pathology, and lately one of the Professors of Clinical Medicine in the University of Edinburgh. London: J. Leath. 8vo, pp. 241, 1844.

We have only space left to acknowledge and to congratulate the medical profession upon the publication of this work. The eminence and recognized abilities of the writer give an authority to his writings far above that of any one who has yet examined the subject of which it treats, in this country; and the modesty and candour with which it is written, can hardly fail to ensure for it a serious, if not an impartial, perusal, by those of his brother practitioners who may feel in any degree interested in the progress of medicine as a practical art. We propose, in the next number of this Journal, to enter fully into the consideration of this valuable treatise, which, by that time, will doubtless be in the hands of all homœopathic practitioners in Britain.

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### MISCELLANEOUS.

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ON THE USE OF SABINA IN UTERINE HÆMORRHAGE. By Dr ARAN, of the Hôtel Dieu.

This neglected medicine has been lately much recommended by Dr Aran, who published the following cases:--The first was that of a woman of bilious-sanguine temperament, and strong constitution, who was attacked with hæmorrhage in consequence of a fatiguing journey on foot. Besides feverish symptoms, she had dragging pain in the hypogastrium; the hæmorrhage was not violent, but long-continued. Cold applications to the abdomen, the horizontal posture, and blood-letting, (!) diminished the discharge slightly, but it returned in the evening, when 1 gramme and 25 centigrammes of *Pulv. Sabin.* were administered, which effected a complete cure. Another woman, who had been quite regular in regard to menstruation, was attacked with violent uterine hæmorrhage at the time when the menses ought to have ceased. She neglected it; and when she applied for aid, a very copious discharge had continued for a fortnight. She got a bolus of *Pulv. Sabin.* After the patient had taken eight doses, with an interval of two hours between

each dose, the discharge had subsided.—[*Gazette Med. de Paris.* 1844. N. 17.] Since the time of Galen, Sabina has been a celebrated emmenagogue. Mohrenheim relates, that a woman who wished to abort, took an infusion of Sabina. After some days' severe pain, abortion, with violent uterine hæmorrhage, followed by death, ensued (*Versuche*, vol. ii., p. 245). Home found, that, when taken to the extent of half a drachm, it increased the menstrual discharge (*Clinical Expt.*, p. 419); (*Wibmer*, vol. iii., p. 191).—EDITORS.

CANTHARIDES IN ECZEMA AND PSORIASIS. By Dr SICK.

Dr Sick reports four cases of Eczema, and two of Psoriasis, in which the tincture of cantharides proved most beneficial. The first of the patients, a sailor, had suffered from Psoriasis, which affected chiefly the thigh, for above a year, and had tried various remedies in the different sea-ports he touched at. The second, a tailor, had suffered for four years with the disease upon his face and limbs. The disease was half a year's standing in the other two. The *tincture of cantharides* was ordered, beginning with three drops for a dose, and increasing by a drop daily. The disease was immediately arrested, and disappeared in all the three cases within seven weeks. Of the patients affected with Psoriasis, the first was a young girl, who had suffered with it for three years to such an extent that there was scarcely any part of the skin not covered by the eruption. After using the tincture of cantharides for three weeks, the skin was perfectly sound. In the case of the other two, who were twenty-three years old, the eruption was attended with intolerable itching and profuse sweat, that broke out even when they were at perfect rest. After taking the tincture of cantharides a few days, they were better, and in the course of some months they were perfectly cured.—*Archiv des Königlichen dän. Gesundheit's Colleg. und Æster. Med. Wochenschrift.* 1844. No. 25.

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HOMŒOPATHIC INTELLIGENCE.

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ON A NEW METHOD OF TREATING SCABIES.

From a Correspondent.

Dr Ferdinand Hebra, Professor of Skin Diseases in the General Hospital at Vienna, where he has several wards devoted entirely to patients affected with cutaneous diseases, has recently published in the Austrian *Jahrbücher* (March, April, and May, 1844) some observations, and the results of his own experience, on that almost universally diffused affection, *Scabies*.

The existence of the itch insect (*Acarus scabiei*), was known as far back as the time of Ebn Zohr (1197), who calls these animals *Syronet*, and compares them to lice; but, although we do not find them alluded to by any medical author until the 17th century, yet they were not unknown to the peasants of Germany and Italy, who used to extract them from the skin by means of a pin. Although by many writers the cause of itch is attributed to the presence of the acarus, yet the adversaries of this opinion are numerous. We do not intend to discuss the point in this place, but shall merely give an outline of the observations of Dr Hebra on the subject.

The characteristic feature of Scabies is the presence in the epidermis of certain passages or canals (*canaliculi*), containing the itch insect (*Acarus scabiei*, *Sarcoptes hominis*). Without the insect there is no itch; the other eruptions present, which may present various forms, are merely dependent on the presence of this animal.

The appearance of the canaliculi or passages of the acarus varies according to circumstances. In young, cleanly individuals, with fine soft skins, the passages appear as white lines, slightly tortuous, and somewhat elevated, from one line to several inches long; in their course are observed many diverging processes and sinuosities, and sometimes only at one end of the track a small round elevation, generally of a darker hue than the other parts in which the acarus is present, or they may, in addition, be terminated at the other end by a pimple, vesicle, or pustule. In cases of long standing, in patients who are older, or uncleanly, or who have a thick epidermis, the track is no longer white, but of the colour of the surrounding skin, or tinged with various colouring matters. Various modifications which we need not enumerate, as our readers must be familiar with them, occur in cases of very long standing.

Without denying the possibility of the occurrence of the acarus on any part of the body, Dr Hebra has met with it only on the hands, forearms, feet and ankles, penis and scrotum, on the anterior surface of the thorax, and occasionally on the knee; on no other part of the body has he ever observed their tracks. If we discover such tracks, be the appearances or eruptions on the skin what they may, the disease is itch. The other eruptions on the body accompanying itch are mostly the effect of scratching, in order to allay the intolerable itching which attends this disease. These consist of, at first, pale red elevations, principally on the hands and feet, which soon turn redder by scratching; when pressed a drop of clear fluid exudes, but, if scratched off, a drop of blood appears, which dries and forms a blackish-red scab. Sometimes small transparent vesicles appear on the hands and feet, which afterwards assume the appearance of pustules if not scratched off. These eruptions gradually spread to other parts of the body, until the extremities, more especially on their flexor side, the bend of the joints, the internal surface of the fingers and toes, the wrists, the abdomen, the loins, the groin, the hips, and the chest, are covered with them, and, in some rare in-

stances, a few pimples are observed on the back and face. By continued scratching, larger pimples, which turn into pustules and boils, are produced, together with excoriations or ulcerations, which become covered with greenish or brownish scabs. The whole body almost may be covered with achorous pustules and scabs. None of these symptoms, however, indicate itch if the *acarus* be absent.

There cannot be a doubt that the itch is the result of contagion, but different opinions are entertained as to how the contagion is produced, and how it is propagated. Experiments have been instituted in order to ascertain this. Healthy individuals have been inoculated with the fluid contained in the scabious eruptions, without any itch following the inoculation; but the disease was produced on conveying the *acarus* itself on to the healthy skin. The author (Hebra) inoculated himself and others with the said fluid, without any other effect than the production of a small pustule, but, on placing an *acarus* on the middle finger of his left hand, after experiencing an itching all over the body for eight days, he observed the first itch vesicles on both hands almost at the same time. He placed itch insects on different parts of the bodies of several (how many?) nurses and patients affected with other skin diseases, and on most (how many again?) of them itch occurred.

The author conceives the disease to be propagated by the patient scratching out the insect and conveying it to other parts of his body, or to the skin of other individuals. The animals or their eggs may also become attached to articles of dress, where, according to many authors, they may live for upwards of three weeks. The circumstance of the complete localization of the *acarus*, and the universal diffusion, sometimes on the whole body, of the scabious eruption, is not satisfactorily explained by the author. He likens the phenomena to the effects of certain irritations and insect bites, which, when occurring at one part, produce an itching and eruption all over the body. What these irritant substances and insects are he does not mention, nor are we acquainted with them.

We now come to that part of the author's paper which treats of the cure of scabies. He enters into a detail of the different periods required by different medicinal and chemical substances for killing the *acarus*, which, it will be seen, he regards as the sole cause of the disease, and on the destruction of which he asserts the disease disappears; but it would be useless to reproduce in this place the result of his observations, as he rejects all other means, and employs the following ointment alone.

R. *Terre cretæ*, ℥iv.  
*Sulphuris venal.*  
*Picis liquidæ* ana ℥vj.  
*Sapon. domest.*  
*Axung. porc.* ana lbj.

He selected two patients who had scabies very highly developed, with the greatest variety of eruptions on almost all parts of their bodies, but

in whom the tracks of the insects were to be discovered on the hands and feet alone. These parts were rubbed over with the above ointment three times daily, for three successive days. At the end of this time, the acari, on being extracted, were found to be all dead ; the eruption on the hands and feet was found to be destroyed, that on the body faded and dried up, and the disagreeable itching completely removed. After the employment for eight days longer of lukewarm baths, some brown and red spots, the remains of the previous eruption, were only to be seen ; and in another week, as no relapse occurred, the patients were dismissed cured. These experiments were repeated on ten more patients with a like result. The converse of this experiment was likewise tried. Two patients affected with highly developed itch, on whom the characteristic tracks were observed only on the hands and feet, had these parts enveloped in linen cloths, so that the ointment, which was diligently rubbed over all the rest of the body, could not touch these parts. The inunction was continued for three days, thrice daily. After the patients had been washed in a warm bath, and the cloths removed from their hands and feet, those parts of the body which had been subjected to the action of the ointment were found covered with the well-known form of eczema, evidently caused by the action of the ointment. The various scabious eruptions on the body had mostly disappeared, but the excoriated spots, the pustules, and the ulcers, exuded more purulent fluid than usual. On the hands and feet the proper eruption caused by the insect was more developed, the pimples were changed to vesicles, the vesicles to pustules, and the insect's tracks were unaffected, and the insects themselves were quite lively. This experiment was repeated on four other patients with the same result. These six patients were carefully observed for a month ; in the first week the disease seemed to decrease, in one case, indeed, it appeared perfectly cured ; but in some the previous violent itching soon returned, while in others it ceased for a longer period ; in all, however, the scabious eruptions continued to increase on the hands, and feet, and other parts of the body, nor did the disease disappear until these six patients were treated in the manner first alluded to.

The author concludes, from these experiments, that it is only necessary to kill the acarus in order to cure the disease. This he effects as follows :—The patient is first put into a warm bath in order to cleanse him ; the tracks of the acarus are sought out, and on those parts alone a small quantity of the ointment is rubbed in. This is done morning and evening for three days. With the sixth inunction the cure is completed. The patient now takes a warm bath every day until all the eruptions on his skin have disappeared, which generally occupies about a week. Of 530 patients treated in this way, the time occupied in their cure varied from six days in slight to nine days in severe cases. Relapses never occurred.

Various secondary eruptions generally follow this treatment. Vesicles, pustules, and eczematous patches, are often observed in the parts to

which the ointment is applied, which the author recommends to be treated by the application of a solution of caustic potash.

Dr Hebra is, in our opinion, far from setting at rest the question of the necessary dependence of scabies on the *acarus*. The eruption on the skin of scabious individuals is, as the author himself declares, the result of the external irritation produced by scratching. We have heard him repeatedly affirm, that a healthy individual, by merely scratching his skin, could produce all the varieties of the scabious efflorescence; and this statement he has frequently confirmed by pointing to patients affected with lice. It does not then necessarily follow that this eruption contains the *contagium* of itch. We have many undoubtedly infectious diseases attended with eruptions, in which the virus cannot be shewn to exist; for instance, typhus, scarlatina, syphilis. But even admitting the virus were contained in the eruption of scabies, it does not follow that the methods adopted by Dr Hebra, viz., rubbing the fluid from the efflorescence upon the skin, or introducing it into the cutis by means of a vaccine needle, should necessarily produce the disease. It is possible enough that inoculation is produced only on the virus being conveyed to some particular organ of the skin, to which the *acarus* alone can, with certainty, convey it. Thus the matter of gonorrhœa, inoculated or rubbed into the skin, produces no disease, but applied to the mucous membrane of the urethra or eye, inoculation is the result. The author's accounts of the experiments he performed are vague in the extreme. In no case does he mention the number of individuals subjected to experiment; and some of those selected for the purpose were patients labouring under other skin diseases, a circumstance which detracts considerably from the value of his observations. Another fact which cannot fail to strike the reader is, that in his own, the only detailed case, when he gave himself the disease by placing an *acarus* in his hand, it was not until after eight days of general itching over the whole body that his accustomed eyes could detect the presence of the *acarus*, which he did at last on both hands simultaneously. This shews that the symptoms of itch do not depend on the presence of the *acarus*, however necessary this animal may be for propagating the contagion; and the author contradicts himself when he declares that the general symptoms do not prove the existence of itch, if we fail in discovering the *acarus*; for he himself was undoubtedly affected with the disease before he could detect the animal. We ourselves have seen many cases, in Dr Hebra's wards, which he and every one else had no hesitation in pronouncing scabies, but in which the *acarus* had not then made its appearance.

The author likewise fails to prove his assertion, that the mere destruction of the *acarus* is sufficient for the cure of the disease; for, though undoubtedly it cannot be eradicated if the animal be left unharmed, yet he has shewn us no proofs of the converse of this rule, for the substance he used for the destruction of the animal was sulphur, which is universally admitted to be specific to the psoric infection. The experiment, to have been unobjectionable, should have consisted in a merely mechani-

cal removal of the insect and its ova. In those cases he treated by rubbing his ointment over all the body except the parts inhabited by the *acarus*, it will be seen, that in all the itching disappeared for some time, and in some the disease seemed to be cured, shewing, at least, the power of sulphur in allaying the symptoms. Its employment, however, was not continued sufficiently long for the destruction of the animal; hence, when its action on the body ceased, the *acarus* still continued to propagate the virus. We give Dr Hebra every credit for his acuteness of observation in first pointing out the precise parts of the body where alone the *acarus* resides, and we are of opinion that, by his discovery, he has given us a useful hint for treatment. All homœopathsists complain of the difficulty of curing itch by internal homœopathic means alone. That it may be so cured is not to be denied, but the treatment lasts weeks, nay, sometimes months, the cause of which seems to be, that, though our medicines may produce a state of the body in which it is impossible for the insect to live, yet its ova are distributed throughout the skin, and their destruction by homœopathic remedies would seem to be, if not impossible, at least an extremely difficult operation. We cannot, therefore, see any objection to employing local means for the destruction of the animal, while, at the same time, we give internally the specific; the patient's sufferings will thereby be much shortened, and the eradication of the disease more certainly effected. At the Wieden District Hospital in Vienna, we were witnesses to the practice of Dr Dietl, who treats—shall I say *cures*?—itch in a still more rapid manner. His treatment differs from that of Dr Hebra in this, that he scrubs in the ointment (the exact composition of which we could not ascertain, but which the house-surgeon assured us differs little from that of Dr Hebra) by means of a hard brush, whereby he conceives that the tracks of the *acarus* are torn open, and the insects themselves exposed to the more immediate action of the sulphur. We think some method such as we have described would be a valuable adjuvant to the homœopathic treatment, and we do not apprehend that it would be productive of bad effects on the constitution, the local treatment being directed merely to the removal from the skin of an animal which undoubtedly possesses the power of propagating, perhaps generating, a loathsome and disagreeable disease. By such a method there is no danger of a repression of the general scabious efflorescence, that being allowed to decline gradually after the extirpation of the *acarus*.

#### HOMŒOPATHY IN SOUTH AMERICA.

We extract the following from a Rio Newspaper of April 8. 1845:—

“ I, Father Manoel Gomes Souto, do declare, in the face of all the world, that although undeceived, without hopes of saving my life, I had recourse to Homœopathy, and by means of this, through the skill of Dr Duque Estrada, I was cured. Let it not be said that I exaggerate my complaints. My former doctors of the old system can say if I do.—To them I owe all good endeavours and good desires; but to Dr Duque

Estrada, and his system, I not only owe these, but, besides the saving of my life. Honour to Homœopathy: honour be to those who devote themselves to it; for it is the true medicine. Encouraged by such success in my own case, I have since caused all the sick under my own charge to be thus treated, and, as yet, have not lost one: on the contrary, have saved all with admirable speed.—*Letter Rodney & Friend, 6th April 1845.*"

#### HOMŒOPATHY IN AMERICA.

(*From New York Tribune.*)

The American Institute of Homœopathy held its second annual session in this city on the 14th and 15th instant. Jacob Jeanes, M.D. of Philadelphia, was elected President of the session, and Edward Bayard, M.D. of New York, General Secretary for the ensuing year.

The following States were fully and ably represented:—Maine, New Hampshire, Massachusetts, Rhode Island, New York, Pennsylvania, Delaware, Maryland, Virginia, and Ohio.

The Committee on the Materia Medica. Drs Hering, Lingen, Jeanes, Neidhard, and Williamson, of Philadelphia, made a highly interesting and important report upon certain American plants, and other medicinal agents, whose properties were hitherto unknown.

Several communications connected with the science of Homœopathy were received from physicians who were unable to attend the meeting of the Institute. The papers being read, were ordered to be filed.

The Institute unanimously resolved not to admit as a member any person who had not pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country; and, in addition thereto, sustained an examination before the Censors of the Institute, on the theory and practice of Homœopathy.

The following gentlemen were appointed censors:—Alvus Rea, M.D., R. Clark, M.D., John Morrill, M.D., Maine; J. E. Flagg, M.D., C. Wilde, M.D., L. Clark, M.D., F. Clark, M.D., Wm. Wesselhoft, M.D., Massachusetts; J. F. Gray, M.D., Wm. Channing, M.D., Abraham D. Wilson, M.D., H. G. Dunnell, M.D., A. S. Ball, M.D., New York; J. Taylor, M.D., H. H. Cator, M.D., C. D. Williams, M.D., H. Robinson, M.D., E. Humphrey, M.D., Western New York; C. Hering, M.D., J. James, M.D., C. Neidhard, M.D., J. Kitchen, M.D., — Green, M.D., Pennsylvania; A. F. Haynel, M.D., F. H. McManus, M.D., Maryland; and J. R. Piper, M.D., District of Columbia. Any three of these constitute a Board of Examiners.

Constantine Hering, M.D., of Philadelphia, was appointed a delegate to represent the American Institute in the Congress of Homœopathists, to be held on the 10th day of August next, at Brunswick, in Germany.

The Committee of Publication were instructed to publish the first volume of the Transactions of the Institute.

Dr Gray presented to the Institute three volumes, on the subject of Homœopathy, published during the past year, including the first volume



of Hahnemann's great work on Chronic Diseases, translated by Dr Hempel.

After the discussion of various subjects interesting to homœopaths, the Institute adjourned, to meet at Philadelphia, on the second Monday of May next.

EDWARD BAYARD, *Secretary.*

We have received and transmitted to Dr Rummel of Magdeburg the following Donations for HAHNEMANN'S MONUMENT:—

Dr Black, Edinburgh, . . .	L.3	0	0	Dr Laurie, . . .	L.2	2	0
Mr Cameron, London, . . .	2	2	0	... Laurie's Friend, . . .	1	1	0
Dr Chapman, Liverpool, . . .	3	0	0	... Linchinski, Edinburgh, . . .	1	1	0
Mr Charles, London, . . .	2	2	0	... Mackintosh, Torquay, . . .	1	1	0
W. A. Culpepper, Esq., . . .	1	0	0	... Macleod, Edinburgh, . . .	1	1	0
Dr Dunsford, do., . . .	2	2	0	... Madden, Brighton, . . .	2	2	0
... Drysdale, Liverpool, . . .	3	0	0	... Mayne, London, . . .	1	1	0
... Dudgeon, London, . . .	2	2	0	Mr George Newman, Glaston-			
R. Dudgeon, Esq., Liverpool, . . .	5	0	0	bury, . . .	1	1	0
Dr Engal, London, . . .	1	1	0	Dr Partridge, London, . . .	2	2	0
... Fearon, Birmingham, . . .	1	1	0	... E. Phillips, Manchester, . . .	2	2	0
Mr Wm. Headland, London, . . .	2	2	0	... Quin, London, . . .	10	0	0
Prof. Henderson, Edinburgh, . . .	2	2	0	... R. Russell, Edinburgh, . . .	3	3	0
Dr Hayle, Newcastle, . . .	1	1	0	... Trotman, Bristol, . . .	1	0	0
... Irvine, . . .	2	2	0	... Walker, Manchester, . . .	2	2	0
Captain Irvine, . . .	1	1	0	... Wielobycki, Edinburgh, . . .	2	2	0
Miss Irvine, . . .	1	1	0	... Ozanne, Guernsey, . . .	1	1	0

Since sending the above L.68, we have received from Dr Goodshaw, Dublin, L.1; from Misses Gardner, Cheltenham, L.3.

#### BOOKS, &c., RECEIVED.

Through the kindness of Dr Williamson of Philadelphia, we have received large specimens of the pure tinctures of the following plants, most of which are now being proved in America.

We hope soon to be able to acknowledge the courtesy of Dr Williamson, by sending him specimens of some indigenous British medicinal plants; and, we trust, that the example set by our American brethren, viz., that of sending indigenous productions to each other, will be followed by homœopaths in different parts of the world. We have handed over these Tinctures to the Homœopathic Chemists, Mr Walker (Mount Pleasant, Liverpool), and Mr Headland (Prince's Street, Hanover Square, London), who will supply medical men with the requisite dilutions:—

*Sanguinaria canadensis.*  
*Phytolacca decandra.*  
*Hamamelis virginica.*  
*Podophyllum peltatum.*  
*Lobelia inflata.*  
*Arum triphyllum*

*Triosteum perfoliatum.*  
*Eupatorium perfoliatum.\**  
*Chimaphilla umbellata.*  
*Kalmia latifolia.*  
*Asclepias tuberosa.*  
*Symplocarpus foetida.*

\* A proving of this will be found in No. V., p. 108.

#### ERRATA in No. XII.

Page 237, for vascular hiatus read naevus  
 " 239, *dele* cure, line 10 from bottom.  
 lxxii. line 26, for misshappen read misshapen  
 lxi. line 9, for Solut. read Solub.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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EXAMINATION OF THE SOURCES OF THE COMMON MATERIA  
MEDICA.

By SAMUEL HAHNEMANN, 1817.

[Continued from No. XIII.]

The second source of the virtues of drugs, as ascribed to them in the *materia medica*, has, it is alleged, a sure foundation, viz., their *sensible properties*, whereby their action may be determined. We shall see, however, what a turbid source this is.

I shall spare the reigning medical school the humiliation of reminding it of the folly of those ancient physicians who, determining the medicinal powers of crude drugs from their *signature*, that is, from their colour and form, gave the testicle-shaped Orchisroot in order to restore manly vigour; the *Phallus impudicus* to strengthen weak erections; ascribed to the yellow turmeric the power of curing jaundice; and considered *Hypericum perforatum*, whose yellow flowers on being crushed yield a red juice (*St John's blood*) useful in hæmorrhage and wounds, &c.; but I shall refrain from taunting the physicians of the present day with these absurdities, although traces of them are to be met with in the most modern treatises on *materia medica*.

I shall only allude to what is scarcely less foolish, to wit,  
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the attempts, even of those of our own times, to guess the power of medicine from their *smell* and *taste*.

They pretended, by dint of tasting and smelling at drugs, to find out what effect they would have on the human body; and for this they invented some general therapeutical expressions.

All plants that had a *bitter* taste should and must (so they decreed) have one and the same action, because—they *tasted bitter*.

But what a variety even of bitter tastes there are! Does this variety not indicate a corresponding variety of action?

But how does the bitter taste obtain the honour awarded to it by the *Materia Medica* and practical physicians? how is it a *proof of the so-called stomachic and tonic powers of drugs, and an evidence of their similar and identical action*, so that according to this arbitrary axiom, all the *amara* possess *no other medicinal action but this alone*?

Although some of them have, besides, the peculiar power of producing nausea, disgust, pressure in the stomach, and eructations, in healthy individuals, and consequently of curing, homœopathically, affections of a similar nature; yet each of them possesses peculiar medicinal powers, quite different from these, which have hitherto been unnoticed, but which are often more important than those ascribed to them, and whereby they differ amazingly from each other. Hence, to prescribe bitter-tasted things without any distinction, the one in place of the other, as if they all acted in the same manner, or thoughtlessly to mix them together in one prescription, and under the name of bitters (*extracta amara*) to administer them, as if they were indubitably identical medicines, having only the power of strengthening and improving the stomach, betrays the most wretched, rudest slovenliness!

And if, as this dictatorial maxim of the authorities in *materia medica* and therapeutics would have us believe, the bitterness alone is sufficient to prove that every thing that tastes bitter (*amara*!) is absolutely and solely strengthening and improves the digestion, then must *Colocynth*, *Squills*, *Boletus laricis*, the thick barked, much abused, *Angustura*, *Eupatorium*, *Saponaria*, *Myrica gale*, *Lupine*, *Lactuca virosa*, *Prussic acid*,

and Upas-poison, all be entitled, as bitters, to rank among the tonic, stomachic medicines.

From this any one may easily see how irrational and arbitrary the maxims of the ordinary materia medica are; how near they are to downright falsehoods! And to make falsehoods the basis of our system of treating the sick—what a crime!

Cinchona was found to have a bitter and astringent taste. This was quite enough for them in order to judge of its inward powers; but now all bitter and astringent tasting substances and barks must possess the same medicinal powers as Cinchona bark. Thus was the action of medicines on the human frame determined, in the materia medica, in the most unthinking and unscrupulous manner, from their taste alone! And yet it must, and ever shall, be false that willow bark, or a mixture of aloes and gall-nuts have the same medicinal properties as Cinchona bark. How many such *Chinæ factitiæ*, which were to answer all the purposes of the true Cinchona bark, have been recommended by celebrated physicians, manufactured, sold, and administered with the greatest confidence to their patients by other physicians!

Thus, the life and health of human beings were made dependent on the opinion of a few blockheads, and whatever entered their precious brains went to swell the materia medica.

In the same manner a number of inconceivably dissimilar smells were jumbled together, and all christened *aromatics*, in order that under this name a similar medicinal action might *with facility* be invented for them. Thus they were, without the slightest hesitation or consideration, one and all pronounced to be elevators of the forces (excitants), strengtheners of the nerves, deobstruents, &c.

Thus the most imperfect, the most deceptive of all the senses of civilized man, that of smell,\* which admits of the expression by words of so few perceptions of sensible differences—this shall suffice to determine the dynamic properties of a medicine in the human organism, whilst all our senses together, employed with the utmost care, in the examination of a

\* Precisely the most powerful medicines, Belladonna, Digitalis, Tartar emetic, Arsenic, &c., have almost no smell.

medicinal substance with respect to its external properties; do not give us any, not even the slightest, information upon this most important of all secrets, the internal, immaterial power possessed by natural substances to change the state of health of human beings; in other words, their true medicinal and healing power, which is so extremely different in every active substance, from that of every other, and which can only be observed when it is taken internally, and acts upon the vital functions of the organism !

Must Mayflower, Mint, Angelica, Arnica, Sassafras, Serpentaria, Sandal, Coriander, Chamomile, Rosemary, necessarily have the same medicinal action, because, forsooth, it pleases the olfactory organ of the respectable compilers of *materia medica* to find that they all have an aromatic smell ?

Can a *materia medica* composed of such a jumble of dissimilar medicines, all highly important from the very variety of their action, shew aught else than intemperate presumption, and dishonest, ignorant, self-complacency ?

No art, be it ever so mean, has been guilty of such wanton fictions with respect to the uses and powers of its materials and tools. The instrument to be employed was, at all events, always tried upon a smaller part of the object it was intended to work upon, in order to ascertain what it was capable of doing, before it was employed in a large scale in the precious work, where an error might be productive of serious injury. The cotton bleacher tried the effects of chlorine, which is so destructive to vegetable matters, in the first instance, on a small portion of cloth, and thereby avoided exposing all his stock of goods to danger. The shoemaker had previously convinced himself of the properties of the hempen thread, that, when exposed to damp, it filled the holes in the leather, by its expansion, more completely, and resisted putrefaction more powerfully, than flax, before he preferred it to the latter for stitching all his shoes ; and that, after all, was but cobbler's art !

But in the arrogant medicine of the common stamp, the remedies—the tools of the art—are employed without the least hesitation in the most important work which one man can perform for his brother man—a work whereon life and death,

may, sometimes, the weal or woe of whole families and their descendants depends, namely, the treatment of disease; and the acquaintance with these remedies being derived solely from their deceptive outward appearance, and from the preconceived notions and desultory classifications of teachers of medicines, there is the greatest danger of deception, of error, and of falsehood. But even here, as if to conceal the effect of each one individually, several remedies are given mixed together in one prescription, with no anxiety as to the inevitable result!

So much for the unfounded allegations respecting the general therapeutic virtues of the several medicines in the *materia medica*, which are all elevated to dogmas, on a foundation of blind guesswork, preconceived ideas, and presumptuous fiction, displaying amazing fertility of invention. So much for this *second* source of the *materia medica*, as it is called, hitherto in use!

\* \* \* \*

*Chemistry*, too, has taken upon itself to disclose a source at which the general therapeutic properties of drugs are to be ascertained. But we shall soon see the turbidity of this *third source* of the *materia medica* in common use.

Attempts were made a century ago, by Geoffroy, but still more since medicine became an art, to discover, by means of chemistry, the properties of remedies which could not be known in any other way.

I say nothing with respect to the merely theoretical fallacies of Baume, Steffens and Burdach, whereby the medicinal properties of medicines were arbitrarily declared to reside, in their gaseous and certain other chemical constituents alone, and at the same time it was assumed, without the slightest grounds, on mere conjecture, that these elementary constituents, the mere figments of hypothesis, possessed certain medicinal powers; so that it was really a pleasure to see the facility and rapidity with which those gentlemen could create the medicinal properties of every remedy out of nothing. As nature, trials in the living organism, observations, and experience, were all despised, and mere fancy, expert fingers, and overweening confidence, were alone employed, it is easy to conceive that the whole affair was very soon settled.

No! I allude to the earnest expectations, and the honest exertions of those of the present day, to arrive, by means of phyto and zoo-chemistry, at a knowledge of the real pure action of medicines on the human frame, in which, as all will have felt, the *materia medica*, up to that period, was miserably deficient.

True it is that Chemistry—that art which reveals to us such astonishing miracles, appeared to be a much more *likely* source for obtaining information with respect to the properties of drugs, than all the idle dreams, and learned *salti mortali* of ancient and modern times, which we have just been considering; and many were infatuated with this expectation, yet, chiefly such as either did not understand chemistry (and sought much more from it than it could give or possessed), or knew nothing about medicine and its necessities, or were ignorant of both the one and the other.

Zoo-chemistry can merely separate from animal substances such inanimate matters as shew a different chemical action with chemical reagents. But it is not these component parts of animal tissues, separable by zoo-chemistry, on which, in order to derange the health, or to cure the diseases of the living organism, the medicines act, either through their elementary parts, as the analyst would have us believe, or directly upon them. The fibrine, coagulable lymph, gelatine, organic acids, salts, and earths, which can be separated from muscular substances by chemical analyses, differ *toto cælo* from the living muscle, endowed with irritability in its perfect organic state in the healthy or diseased individual; the matters obtained from it have not the most distant resemblance to the living muscle. What information respecting the nature of the living organism, or the changes which the different medicines are capable of effecting on it, can be derived from these separated inanimate portions? Or is the process of digestion (that wonderful transmutation of the most dissimilar kinds of food for the purpose of promoting the perfect development of the living individual in all his variety of organs and humours) rendered in the slightest degree comprehensible from the discovery of a little soda and phosphatic salts in the gastric juice? Can even the material, not to speak of the dynamic, cause of

a morbid digestion or nutrition be ascertained by what chemistry finds in the gastric juice, so that a sure method of treatment could be founded thereon? Nothing could be more futile than any expectation of this kind.

In like manner, in the chemical constituents shewn by phytochemistry to exist in plants, even in such as possess the most powerful medicinal property, there is nothing either to smell or taste which can express or reveal those actions so varied, which, experience shews us, each of these medicinal substances is capable of performing, in altering the state of an individual, whether in health or disease.

The distilled water or oil, or the resin obtained from the plant, is certainly not its active principle; this only resided, invisible to the eye, in those parts now separated from each other, the resin, the oil, the distilled water; and is in itself perfectly imperceptible to our senses. Its effects are manifested to our senses only when this distilled water, this oil, this resin, or, still better, the plant itself, is taken by the living individual, and acts dynamically on the spiritually susceptible animal organism, in an equally spiritual manner.

Moreover, what medicinal action do the other parts which chemistry reveals in plants, indicate, the vegetable fibrine, the earths, the salts, the gums, the albumen, &c., which, with few exceptions, are found in all plants, even those most opposite in their medicinal effects, in almost the same proportions? Will the small quantity of oxalate of lime which chemistry shews us to exist in rhubarb, account for this medicine producing in healthy individuals such a morbidly altered sleep, and such a curious heat in the body without thirst, and curing similar morbid states?

What information can all these parts, though analysed ever so carefully by chemistry, give us, relative to the power of each individual plant, virtually to alter the state of the living human organism in the most peculiar and various manners?

The analyst Gren, who knew nothing about medicine, in his *Pharmacology*, which is full of the most reckless assertions, thus holds forth to physicians: "The knowledge of the principles contained in medicines, which chemistry gives us, can alone determine the effects of remedies."



Knowledge indeed ! And what knowledge does chemistry give us with respect to the inanimate, speechless, component parts of medicine ? Answer : It merely teaches us their chemical significations, it teaches us that they act so and so with chemical reagents, and hence gum-resin, albumen, mucus, earths, and salts, are called such and such names ; matters vastly unimportant to the physician. These appellations tell us nothing of the changes in the sensations of the living man which may be effected by the plant or mineral, each differing from another in its peculiar invisible internal essential nature ; and yet all the curative power depends *on this alone*. The manifestations of the active spirit of each individual remedial agent during its medicinal employment on human beings can alone inform the physician of the sphere of action of the medicine, as regards its curative power. The name of each of its chemical constituents, which in most plants are almost identical, teaches him nothing on this point.

That Calomel, *e. g.*, consists of from six to eight parts of mercury, united by sublimation with one of muriatic acid—that when rubbed up with lime water, it becomes black, chemistry can teach us ; but that this preparation can cause in the human being the well-known salivation with its peculiar odour, of this chemistry, as chemistry, knows nothing ; this no chemistry can teach us. This dynamic relation of Calomel to the human organism can only be learned from experience, derived from its medicinal employment, and from its internal administration, when it acts dynamically and specifically on the living organism ; and thus it is only actual experience of the action of medicinal substances on the living subject that can determine their dynamical relation to the organism, in other words, their medicinal properties ; but this chemistry, in whose operations merely inorganic substances are brought to act upon each other, can never do.

Chemistry can indeed give us the useless information, that the leaves of belladonna are very similar in their chemical composition to cabbage, and a great many other vegetables, as they contain albumen, gelatine, extractive matter, vegetable acid, potash, calcareous, and siliceous earths, &c. ; but if, as Gren asserts, the knowledge of the principal constituents, so

far as they are known to chemistry by means of its reagents, that is, chemically, suffices to determine the medicinal properties of substances, it follows that a dish of belladonna must be just as wholesome and innocent an article of food as one of cabbage. Will the chemist try? But the chemistry which presumes to determine the medicinal properties of natural substances from their chemical composition, cannot avoid asserting that the same medicinal powers are possessed by substances which are proved by analysis to consist of the same constituents; it cannot consequently declare cabbage and belladonna to be equally innocent vegetables, or equally poisonous plants, thereby shewing, as clear as day, the absurdity of its presumption, and its incompetence to judge of the medicinal powers of natural substances.

Do Gren and his followers not perceive that chemistry can only give chemical information with respect to the presence of this or that material component part of any physical body, and that these are consequently merely chemical substances *to chemistry*? Chemical analysis can tell us their action with chemical reagents, and this is its proper domain; but it can shew us neither in its dissolving nor digesting alembics, neither in its retorts nor yet in its receivers, what dynamical changes any single medicine, when brought in contact with the living organism, can produce.

Each science can only judge and throw light on subjects within its own department; it is folly to expect from one science information upon matters belonging to other sciences.

The science of hydrostatics enables us to determine the specific gravity of fine silver in comparison with that of fine gold; but it presumes not to fix the different mercantile value of the one, in comparison with that of the other. Whether gold have twelve, thirteen, or fourteen times the value of its weight of silver in Europe or in China, hydrostatics can never tell; it is only the rarity and the want of the one or the other, that can determine their relative mercantile value.

In like manner, indispensable as a knowledge of the particular form of plants is to the true farmer, and the power of distinguishing them by their external appearance, which constitutes botany, yet botany will never teach him whether a

given plant is suitable, or the reverse, as food for his sheep or swine, nor will it inform him, what grain or what root is best for making his horse strong, or for fattening his ox ; the botanical systems of neither Tournefort, nor Haller, nor Linnæus, nor Jussieu, can tell him this ; pure careful comparative trials and experiments on the different animals themselves can alone give him the requisite information.

*Each science can decide on such matters only as are within its own province.*

What does chemistry find in the mineral magnet and the artificial magnetic rod ? In the former it discovers nothing but a rich iron ore, intimately combined with silica and a small quantity of manganese ; in the latter, nothing but pure iron. No chemical reagent can discover, by the most minute chemical analysis, the slightest trace of the mighty magnetic power in either the one or the other.

But another science, physics, shews in its researches the presence of this wonderful power in the mineral magnet and magnetized steel, its physical situation to the external world, its power of attracting iron (nickel, cobalt), the direction of one end of the magnetic needle towards the North Pole, its deviation from the north in different decenniums and in different regions of the globe, at one time towards the west, at another towards the east, and the variety in its dip, in different degrees of latitude.

The science of physics, then, is capable of telling something more respecting the magnet, and of discovering more of its powers, than chemistry can, namely its magnetic power in physical respects.

But the knowledge of what is worth knowing about the magnet, is not exhausted by both chemistry and physics ; neither of these two sciences can detect any thing further in it than what belongs to their own province. Neither the range of the chemical nor that of the physical sciences can inform us, what mighty, what peculiar, what characteristic effects the magnetic power is capable of producing in the condition of the human organism, when brought into contact with it, and what curative powers peculiar to itself it possesses, in diseases in which it is suitable ; of this chemistry and physics are equally

ignorant ; on this point, they must both give way to the trials and experiments of the physician.

Now, as no science can pretend to that which can only be determined by another science, without rendering itself ridiculous, I hope that medical men will by and by have the sense to see, that the proper province of chemistry is merely to separate the chemical constituents of substances from each other, and to unite them together again, (*thus affording technical aid to pharmacy*) ; I hope that they will commence to see that medicines do not exist for chemistry, as medicines (*i. e.*, powers capable of dynamically altering the state of health of an individual) ; but merely in so far as they are chemical substances (*i. e.*, in so far as their component parts are to be regarded in a chemical light) ; that chemistry, consequently, can only give information with respect to medicinal substances, but cannot tell what spiritual, dynamical changes they are capable of effecting in the state of health of the human being, nor what medicinal and curative powers each particular drug possesses, and is capable of exercising in the living organism.

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Finally, from the *fourth impure source* flowed the *clinical and special therapeutic indications for employment (ab usu in morbis)*, into the ordinary *materia medica*.

This, the most common of all the sources of the *materia medica*, whence a knowledge of the curative powers of medicines was sought to be obtained, is what is termed the practice of medicine, namely, *the employment of medicines in actual diseases*, whereby it was imagined that information would be obtained with respect to the diseases in which this or that remedy was efficacious.

This source has been resorted to from the very beginning of the medical art, but has, from time to time, been relinquished, in order to try and hit upon some more profitable mine for the knowledge required, but it was always had recourse to again, as it *appeared* the most natural method of learning the action of medicines, and their exact uses.

Let us grant, for a moment, that this were the true way to discover their curative virtues ; one would, at least, have ex-

pected, that these experiments at the sick-bed would have been made with single, simple, drugs only ; because, by mixing several together, it would never be known to which among them the result was to be ascribed. But in works on the practice of medicine, we meet with few or no cases in which this so natural idea was ever carried into execution, viz., to give only one medicine at once, in a case of disease, in order to be certain whether it could produce a perfect cure in that disease.

It accordingly happened, that, in almost every instance, a mixture of medicines was employed in diseases ; and thus it could never be ascertained for certain, when the case succeeded, to which ingredient of the mixture the favourable result was due ; in a word, nothing at all was learned. If, on the contrary, this medicinal mixture proved of no avail, or, as usually happened, did harm, just as little could it be learned, from this result, to which of all the medicines the bad result could be attributed.

I know not whether it was an affectation of learning which induced physicians always to administer medicines mixed together in prescriptions, as they are called, or whether it was their anxiety which made them fancy that a single remedy was not sufficient to cure the disease. Be this as it may, the folly of prescribing several remedies together has prevailed from the remotest antiquity ; and immediately after Hippocrates' time the cure of diseases was sought to be effected with a mixture of medicines, instead of one single medicine. Among the many writings falsely attributed to Hippocrates, of which the greater part were written in his name, shortly after his death, principally by his two sons, Draco and Thessalus, as also by their sons, Hippocrates the third and fourth ; and among those works by Artemidorus Capiton, and his kinsman Dioscorides, written under the name of Hippocrates, there is not one practical treatise in which the prescriptions for diseases do not consist of several medicines, just as in the prescriptions of their immediate followers, those of more modern times, and those of the physicians of the present day.

But that from the employment of mixed prescriptions it cannot be ascertained what each individual remedy is capable of effecting in diseases, consequently, that no *materia medica* can

be thereby constructed, was first commenced to be perceived by physicians of later times, whereon several zealously set about prescribing in a simple manner, in order to ascertain experimentally in what diseases this or that medicine was efficacious. They also published cases which were said to have been effected by a single simple remedy.

But how was the execution of this apparently rational idea executed? We shall see.

In order to do so, I shall just run over what is to be found on this subject in the three volumes of Hufeland's Journal of 1813, 1814, and 1815, and shall shew that the power of curing such and such diseases has merely been attributed to single drugs, without employing them simply and alone.\*

\* It is true one single individual in all these three volumes, Ebers, instituted experiments with one single remedy only, in various diseases (*Hufeland's Journal, September and October 1813.*)—With Arsenic alone. But what sort of experiments? Such as could throw no light on the curative powers of this substance. In the first place, the cases of intermittent fever in which he employed Arsenic were not accurately described, and then the dose was such that it must have done much more harm than good. However, his candid acknowledgment of the harm it did is infinitely more praiseworthy than the many cases of treatment we have recorded by others, in which Arsenic is said to have done nothing but good, and never the least harm. Ebers affirms that the doses he administered were so small, that, in most cases, they did not amount to one grain. To one patient he only gave  $\frac{1}{4}$ th of a grain within the 24 hours (p. 55), and her life was put in danger; whereby it may be perceived that even this minute dose is capable of producing the most fearful effects. *Honestly*-observing physicians have long known this; but Ebers, led astray by the materia medica, fancied that  $\frac{1}{4}$ th of a grain in 24 hours was a very small dose of Arsenic. Pure experience tells us it is a monstrous, a most unjustifiable dose in diseases! When was it ever shewn that Arsenic should be employed in doses of a grain, or even of a tenth of a grain, in diseases? Many experiments with small and still smaller doses (more and more diluted solutions) have shewn, that a drop which contains the decillionth of a grain of Arsenic in solution, is, in many cases, much too strong a dose, even when arsenic is exactly suited for the cure of disease. Had he known this he would not have been astonished that his  $\frac{1}{4}$ th of a grain put his patient's life in peril. Thus, from these trials, which are otherwise evidently very honest, nothing can be learnt, not even what Arsenic cannot cure; for the monstrous doses effectually prevented any good effect from taking place.

Consequently, this is a new piece of fallacy in the place of the old one, with its notoriously compound prescriptions.

That suppuration of the lungs has been cured by *Phellandrium aquaticum* is pretended to be shewn in the history of a case (*Hufeland's Journal*, August 1813), whereby it appears (p. 110) that *Tussilago*, *Senega*, and *Iceland moss*, were used at the same time. With what right can the advocate for this mode of treatment (which was so complex) exclaim, in conclusion :—" I am convinced that the man owes the recovery of his health to this remedy *alone*" ?

Convictions of this sort were afforded by the impure source, whence flowed the powers ascribed to simple remedial agents in the materia medica !

In like manner (*id.*, February 1813), a case of inveterate syphilis, which would not yield to various mercurial preparations, (it was, in fact, a mercurial disease !) was cured in four weeks by *Ammonia*, along with which nothing, actually nothing, was employed—except *Camphor* and *Opium*.

An *epilepsy* (*id.*, 1813, March) was cured in 14 months, by *Valerian* alone, nothing else being used at the same time, but *Oleum tartari per deliquium*, *Tinctura colocynthidis*, with baths of *Acorus Calamus*, *Mint*, and other odoriferous substances (p. 52, 53). *Is that nothing ?*

In another case of epilepsy (*id.*, p. 57) where *Valerian* alone effected a cure, there was employed, besides, an ounce and a half of *Pomegranate leaves*. *Is that nothing ?*

*Madness*, with *nymphomania*, is said to have been cured by *drinking cold water alone* (*id.* 1814, Jan.). But infusion of *Valerian* and *Tinctura Chinæ* (p. 12) was very prudently administered along with it, in order that the action of the cold water should be completely masked ; and the same happened in the case of another patient, who used these powerful adjuvants only a little less frequently (p. 16).

Tymon (*id.*, 1814, Aug., p. 38) professes to have found *bleeding to syncope* a specific in *hydrophobia*. But, lo ! he gives at the same time 300 drops of *Laudanum*, in clysters, *every two hours*, and rubs in a drachm of *Mercurial ointment every three hours*. *Does this prove venesection to be the only true remedial means in hydrophobia ?*

Just so (*id.*, 1814, April) a venesection, followed by an hour of syncope, is said to have cured, solely and specifically, a case of hydrophobia; at the same time (p. 102), however, there were only administered *strong doses of Opium, James's Powder, and Calomel*, till salivation was produced. Is that nothing?

If the case (*id.*, 1815, July, p. 8-16) is to be a proof of the efficacy of bleeding to syncope in already developed hydrophobia, as the author would have it, *Cantharides* should not have been applied, and still less should *Mercurial ointment have been rubbed in every two hours, and large doses of Calomel and Opium* given until *violent salivation* supervened. It is ludicrous when the author adds (p. 20), "that the *Calomel* was scarcely necessary."

This art of surreptitiously obtaining for a favourite remedy the merit of a cure, when the other equally powerful drugs employed might, at all events, claim a share, is an established custom with ordinary physicians; it being particularly requested that the gentle reader will shut one eye, and allow the author to designate all the secondary means employed *inactive*.

A tetanus is reported (*id.*, 1814, Sept., p. 119) to have been cured with cold water affusion alone. It is true, Opium was, at the same time, employed, "*as, however, the patient himself attributed the amendment to the affusion alone, to the affusion should the cure be ascribed.*" This is what I call a pure source at which to learn the virtues of drugs!

In a similar manner (*id.*, 1815, Sept., p. 128) the healing power of potash in croup, is established;\* but along with it were used other very powerful substances. For example, at the commencement of the (supposed?) disease, two children were relieved by Cream of Tartar *in an infusion of Senega root*. Is what properly pertains to two substances to be ascribed to the action of but one, the potash? According to what hitherto unheard-of system of logic?

In like manner, *Graphites* (*id.*, 1815, Nov., p. 40) is said to

\* One case, in which Potash is said to have been efficacious, when administered alone, was that of a child in the country, which the author did not see, and which, from the *description* alone, he *suspected* to be this disease.



have cured a large number of *old fistulous ulcers*, and yet *Corrosive Sublimate was in the mixture!* The explanation in the note, that Sublimate had already been tried in vain, is of no avail here; it was not given alone, but in combination with Opium, a quantity of decoctions of various woods, and the favourite *China factitia*,—it was consequently greatly or completely destroyed by the astringent parts of these secondary medicines, just as other metallic salts are thereby destroyed and decomposed, and consequently it could not develop its curative powers in such a mixture. Still less can the apology, in the same note, for the addition of the Mercurial to the Graphites, be received, “that the Sublimate was merely to serve as an adjuvant here.” Were this the fact, then must medicines act agreeably to the commands of the prescribing physician, not according to their natural powers. No! they must do exactly neither more nor less than what the physician commanded and permitted them to do. Can arrogance and presumption be carried further than this? What man of healthy intellect can attribute such passive obedience to medicinal substances, which act according to fixed and immutable laws? Did the author wish to see whether Graphites could prove efficacious by itself and to convince his readers of this, he ought to have given it *alone*: but if he add to the Graphites, Corrosive Sublimate, this must perform what Corrosive Sublimate can, and from its very nature *must*, not what the prescribing physician pleases that it shall or shall not do. Here again, we have a case from which nothing can be learnt Graphites is represented as having alone proved serviceable, and yet the stupendous medicinal power, Corrosive Sublimate, was used along with it.

*The cure of a case of florid pulmonary consumption, by means of Charcoal Powder*, is, if possible, still more unfounded. Here the Limewood Charcoal was never employed *alone*, but always *in conjunction with Foxglove*. So, then, the Foxglove in the mixture has no action? None at all? and yet a medicine of such mighty power! Do the authors of such observations deceive themselves, or do they mean to make game of us?

Angelica root is said (*id.*, 1815, April, p. 19) to have cured a *dropsy*, properly speaking an unknown case of disease, with

swelling (the *quid-pro-quo*-giving pathology collects together all diseases having the most distant resemblance in this respect under the name of "*dropsy*"). But no! *Tincture of Opium*, *Æther*, and, finally, *Calamus*, were used in addition to the Angelica root. Can any rational man lay to the account of the Angelica alone the issue of this case?

No one will deny that the mineral water of Driburg has great medicinal powers; but when the cures related in Hufeland's Journal, 1815, April, pp. 75, 80, 82, are ascribed to it alone, we must declare these statements to be false, as so many other strong medicines were used along with it; nor can the reported cure of a case of cramp in the stomach, with frequent vomiting, by this water (p. 85 to 93), nor that of hypochondriasis and hysteria (p. 94 to 97), prove anything in favour of the Driburg water, partly on account of the ambiguity and comprehensiveness of these two names of diseases, but principally on account of the constant employment of other medicines at the same time. Were we to receive these cases as proofs of the efficacy of the mineral water, we might, with equal justice, give to a single man the credit of having alone lifted a large rock, without reckoning his many active co-operators, and the serviceable machines employed. It would be ridiculous to ascribe to one single individual that which was done by all in conjunction.

These are a few specimens from among the multitude I might adduce, from the writings of the more modern physicians, specimens of nominally simple treatment of diseases, each of which was said to have been cured with one single remedy—in order to obtain at last a knowledge of its true powers,—but along with which there was always employed some medicine or other, often more powerful than it; and although the physician should protest ever so vehemently, "that that one medicine," to which he would fain attach all the glory of the cure, "alone did it, he firmly believes," "the patient himself ascribed the good effects to this remedy alone," "to it *alone* he attributes the cure," "he only employed the second medicine as an adjuvant," or "it had once before been employed without effect," yet all these shufflings will not avail to persuade a rational man that the cure was owing to that medicine alone, to which the par-

tiality of the physician would award the honour of the cure, if any other—even one single other remedy—have been used in the treatment. It must ever remain untrue, that the cure is due to this remedy alone ; and the *materia medica* which shall ascribe such a curative power to this remedy, on the authority of such an impure observer as this, propagates falsehoods which must inevitably be fraught with the most unhappy consequences to humanity.

I will not deny that the cures of which I have just adduced examples, do *approach* towards simplicity. They certainly came *nearer, much nearer*, to the treatment of a disease with one single remedy (without which mode of proceeding we can never be sure that the medicine was the real instrument in effecting the cure), than those of ordinary slovenly practitioners, who make it a glory to administer to their patients several complex prescriptions one after the other, or even to prescribe daily one or two additional mixtures.

But to have *approached nearer merely* to the administration of single remedies, implies that the true mark has been actually and completely *missed*. Were it not so, then might we congratulate a person on his good fortune, whose number in the lottery differed by a single cipher from that which won the highest prize ; or a sportsman, whose shot has gone within a hair's-breadth of his game ; or a shipwrecked mariner, who would have escaped shipwreck had he been a single finger's-breadth farther from the fatal rock.

What credence do the assertions in the ordinary *materia medica* deserve, with respect to the virtues of drugs *ab usu in morbis* ? What shall we say to the alleged powers of drugs in this or that disease, when we know that the *materia medica* has obtained its information thereupon from such observations ; sometimes, indeed, merely from the titles of the recorded observations of physicians who scarcely ever treated with a single remedy, but generally with a mixture of drugs, whereby as much uncertainty existed as to which among them the result was to be ascribed, as if, like the slovenly practitioner, they had prescribed a great hotch-potch of medicines ? What shall we say to the curative powers ascribed with so much confidence by the *materia medica* to simple medicinal substances,

seeing that these were almost never employed singly? We can say nought but this:—Among a thousand such allegations and commendations, scarcely one deserves credence, whether they refer to general therapeutical, clinical, or special therapeutical matters. Hence it is undeniable, that *to ascribe any powers to a medicinal substance which was never tested purely, that is, unless along with others, consequently might as well have been never tested at all, is to be guilty of deception and falsehood.*

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“ But how would it do if all physicians were to agree to turn over a new leaf, and to prescribe in every disease only one simple medicine? Would we not, by this means, ascertain what each medicine is capable of curing?”

This will never happen as long as a Hufeland lives, who considers the statements of the ordinary *materia medica*, though derived from the impurest sources, to be truths, and seriously defends the employment of a mixture of many medicines in diseases, imagining that “ one medicine cannot suffice for all the indications in a disease; several must be given at once, in order to meet the several indications.”

This statement, as pernicious as it is well meant, rests upon two perfectly erroneous premises, *the first*, whereby it is taken for granted “ that the baseless declarations, with respect to the virtues of simple drugs, in practical works, and in the *materia medica* compiled from them, are well founded; and consequently, that they were really capable of meeting the indications presented by the case in which they were prescribed,” (which, as we have shewn, and shall again shew, is false); —*the second*, “ that for this reason several medicines should be prescribed at once, in order to satisfy the several indications in a disease, because a single medicine can do little more than respond to a single indication, but not to several or many.”

But what does the ordinary *materia medica* know about the vast sphere of action of a simple medicinal substance, that *materia medica* which, from impure observations of the result of the employment of *several medicines* in one disease, attributes to a drug whatever powers it has pleased the physician to ascribe to a simple ingredient in a mixture; which never subjected the powers of a simple medicinal substance to a pure

trial, that is, on a healthy individual not affected with any symptoms of disease? Does that mixture of falsehood and truth which the *materia medica* has scraped together from prescribers of compound medicines, in diseases of which merely the pathological name, but no accurate description is given,—does this comprise the whole extent of the sphere of action which the Almighty has bestowed on his instruments of cure? No! He has implanted in his healing instruments undiscovered (but certainly discoverable) miracles of his wisdom and goodness, in order that they may prove beneficial and helpful to his beloved children of mankind, in a far greater measure than was ever dreamt of by the shortsighted *materia medica* of the old school.

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But though it is certain that a single medicine at once is always sufficient for the rational and appropriate treatment of a disease, I am far from advising the medical world, *on that account*, to prescribe simply, that is, a single medicine in each disease, *in order to ascertain what medicine is useful in this, what in that, disease*, so that thereupon a *materia medica*, or treatise on the virtues of drugs *ab usu in morbis*, should be formed.

Far be it from me to advise anything of the kind, notwithstanding that this idea might seem, and has seemed, to ordinary physicians, to promise the best results.

No! not the slightest useful addition can be either now or ever made to our knowledge of the powers of drugs, with regard to their *usus in morbis*, from observations on cases of disease even with single medicines.

This were just as foul a source as all the others above mentioned, hitherto in vogue. No useful truth, with respect to the curative powers of each individual medicine, could flow from it.

I shall explain myself.

Such a mode of testing medicines in diseases were only possible in two ways. Either a single drug must be tried in all diseases, in order to ascertain in which of them it was efficacious; or all drugs must be tried in a particular disease, in order to ascertain which remedy can cure it most certainly and most perfectly.

And, first, with regard to the latter of these ways; and from it will be seen what reliance can be placed on the former.

By an infinite number of trials of all imaginable simple substances used in domestic practice, in a *well-defined disease, which shall constantly present the same characters*, a true, certainly efficacious, specific remedy for the *same disease might* certainly be discovered, though only *casu fortuito*.

But who knows how many centuries the inhabitants of deep valleys were forced to suffer from their goitres before accident, after thousands of drugs and domestic nostrums had been tried in vain, put it into the head of an individual that *burnt sponge* was the best thing; at all events it was not until the thirteenth century that Arnald of Villeneuve notices its power of curing goitre.

It is well known that for many years after its first invasion, the venereal disease was treated in a most unsuccessful manner by the physicians of the schools, by starvation, by purgatives, and other useless remedies, which had been employed to combat the Arabian leprosy, until at last, after many suggestions and repeated trials of an innumerable multitude of things by empirical physicians on many thousands of patients who sought their aid, Mercury was hit upon, and proved itself specific in this dreadful scourge, in spite of all the violent theoretical opposition of the physicians of the Arabian school.

The intermittent fever endemic in the marshy regions of South America, which has a great resemblance to our own marsh fever, had long been treated by the Peruvians, probably after innumerable trials of other drugs, with Cinchona bark which was found to be the most efficacious remedy, and was first made known as a febrifuge to Europeans in the year 1638.

The bad consequences resulting from blows, falls, bruises, strains, and fractures, were long endured, ere chance revealed to the labouring classes who principally suffered from such accidents, the specific virtues of Arnica in such cases; at least Franz Joel was the first who, in the sixteenth century, makes mention of its virtues, and, in the eighteenth century, they were more particularly described by J. M. Fehr and J. D. Gohl, when they became generally recognised.

Thus, after thousands upon thousands of blind trials with

innumerable substances upon, perhaps, millions of individuals, the suitable, the specific remedy is at last discovered *by accident*. In order to discover the remedies for the few maladies mentioned above, there was no necessity for the employment of that reason and mature knowledge which the Almighty has given to man, in order to enable him to free himself from those inevitable natural and other evils involving his health—the vast multitude of diseases ;—in fact, no true medical knowledge at all was required. *Mere experimenting* with all imaginable substances which might come into the head or hands was certainly *sufficient* (to be sure after the lapse of perhaps hundreds of years) to discover, by accident, a suitable remedy, which never afterwards belied its specific power.

*These few specifics in these few diseases constitute all the truth which is contained in the voluminous materia medica in common use ;* and these are, for the most part, I may say, almost entirely derived from domestic nostrums.

“ But if specific remedies, which were always serviceable in the above diseases, were discovered in this way, why could not some remedies against the whole remaining part of diseases be discovered by similar experiments ? ”

Because all other diseases only present themselves as individual cases of disease differing from each other, or as epidemics which have never been seen before, and will never be seen again in exactly the same form. The specific constant remedies in these few diseases were only discovered by means of trying every imaginable medicinal substance, in consequence of the thing to be cured, *the disease* being of *a constant character* ;—they are diseases which always remain the same ; one is produced by a miasm which continues the same through all generations, the venereal disease ; the others have always the same exciting causes, the ague of marshy districts, the goitre of the inhabitants of deep valleys and their outlets, and the bruises caused by falls and blows.

Had it been possible, by blind trials of all imaginable substances, to discover accidentally the suitable (specific) remedy for each of the innumerable other diseases, then must they all have been as constant in their nature, have appeared always in the same manner and in the same form, have shewn

themselves to be always as exactly similar to themselves, as those few diseases we have mentioned.

*Only for an invariably identical want can we suppose an invariably identical supply.*

That it was requisite, in order to find out empirically the proper remedy, that all diseases, for which the specific was sought should be invariably identical to themselves, appears not only to have been surmised, but to have been deeply felt by the medical community of the old school. They imagined that they must represent to themselves the various diseases of humanity in certain fixed forms, before they could hope to discover for each a suitable trustworthy remedy, and this (as they knew no other better—scientific—way of finding the fitting medicine in diseases) by means of experimenting on them with all possible drugs,—a method which had succeeded so well in the few fixed diseases above alluded to.

This undertaking, to arrange all other diseases in a certain fixed classification, appeared to them at first certainly very plausible and practicable.

In order to set about it, they conceived the idea of considering all those from among the vast array of diseases, which bore any resemblance to each other, as one and the same disease; and having provided them with a name, and given them a place in their pathological works, they were not deterred, by the constantly occurring differences in their appearance, from declaring them to be a definite form of disease, which they must always have before them, in order thereby to be able to discover, as they flattered themselves, a particular remedy for this disease.

Thus they collected the infinite variety of diseases into a few artificial classes of diseases, without reflecting that nature is immutable, whatever false notions men may form of her. In like manner, the polyedrical collective glass held before the eye draws together into one deceptive picture a number of external very different objects, but if we look behind it into nature, we discover a great variety of dissimilar elements.

It is no excuse to say that this arbitrary and unnatural compilation of nominally definite diseases was framed with the good intention of thus discovering for each separately a sure



remedy, by means of trying on them the large number of known drugs, or by accident. As was to have been expected, there were found in this way no sure remedial agents for these artificially classified diseases; for we cannot imagine any real weapons to combat figments and phantoms of the imagination!

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*All the uses and virtues, therefore, which the materia medica ascribes to different medicines, in these surreptitious and fictitious kinds of diseases, cannot make the slightest pretence to certainty.*

What advantage has been gained in so many centuries, with all the host of new and old medicines, over the artificial pathological kinds of diseases, and names of diseases? What trustworthy remedies have been found? Is it not now as it was long ago,—2300 years ago,—that by the employment of all the various drugs in the innumerable cases of disease which occur in nature, some are, it is true, much altered, generally, however, for the worse, and but few are cured by them? And was it possible, even in this monstrous space of time, that it could be otherwise, that it could be improved, as long as the old system remained as it was, with its *imaginary thing to be cured, and imaginary virtues of the instruments for effecting the cure, and its ignorance of their true pure action?* How could real useful truths spring from the employment of the latter against the former?

Let it not be alleged, “that not unfrequently many a severe disease—which one called by this, another by a different pathological name—was cured as if by miracle, by a simple domestic remedy, or by some medicine or prescription luckily hit upon by the physician.”

No doubt this sometimes happened; no well-informed man would deny it. But from this we can learn nothing but what we all know already, “that medicine can cure diseases;” but from these *casus fortuiti* nothing is to be learnt; as yet they occupy an isolated position in history, altogether useless for practice.

Our congratulations must only be bestowed on the sufferer who reaped advantage from this rare godsend, and was cured quickly (and lastingly?) by this accidental remedy. But from

this wonderful cure nothing at all is learned ; not the slightest addition has thereby been made to the treasures of the healing art.

*On the contrary, these very chance cases of accidental cures, when they have occurred to physicians, have most tended to fill the materia medica with false seductive declarations respecting the curative actions of particular medicines ab usu in morbis.*

For, as the ordinary physician seldom or never describes the case of disease correctly, and, indeed, considers the circumstantial description of a case of disease in all its symptoms as useless, if he cannot bestow on it a pathological name (the fictitious representation of a disease above alluded to), so he does not fail to apply some pathological deceptive name to his lucky case, which, together with the prescription, or the single remedy in the mixture to which alone he ascribes the cure, straightway finds its way into the materia medica, which, moreover, is incapable of making use of any thing but mere pathological names of diseases in its account of the uses of medicines.

He who, thereafter, is inclined to regard a case occurring to himself as the same pathological species of disease (and why should he not ? the schools teach him so), has nothing to do but to resort immediately to this magnificent receipt, this splendid specific, at the bidding of its first recommender, or by the advice of the materia medica. But he certainly has, under the same deceptive pathological name, a case before him vastly different in the detail of its symptoms, and hence happens what was inevitable, the medicine does no good ; it does harm, as was quite natural.

*This is the impure, this is the unhappy source of all the declarations respecting the curative virtues of medicines ab usu in morbis, in the ordinary materia medica, whereby every disciple is led astray.*

Had the so-called observers—what they almost never did—communicated to the world those cases of lucky chance cures, describing minutely the case of disease, *with all its symptoms*, and mentioning the remedy employed, they had at least written truth ; and the materia medica (finding no pathological name attached) had not been able to glean any lies from them. They had, I say, written truth, which, however, would only

have been useful in one single way, namely, to teach every future physician the exact case of disease beyond which the remedy, in order to prove useful, should not be employed ; and thus no false, and consequently unsuccessful, imitation would have occurred. From such an accurate description it would have been evident to all future physicians that the same, *the exact same*, case of disease never *recurs* in nature, consequently it would never again be cured miraculously.

Thus would have been spared all the many hundred deceptive accounts of the curative action of particular drugs in the ordinary *materia medica*, whose truthfulness and honesty has hitherto consisted, and still consists, in this, that it has faithfully repeated whatever authors have chosen to invent with respect to the general therapeutical virtues of drugs, and has accepted, as genuine coin, their alleged special therapeutic powers *ab usu in morbis*, ascertained from accidental cases of cure, by associating the specific pathological name of a disease bestowed on his case by the so-called observer, with, as the curative power, the prescriptive single medicine to which, among all the drugs employed in the compound prescription, the physician chose principally, if not entirely, to entrust and ascribe the successful result.

*So turbid and impure are the sources of the ordinary materia medica, and so null and void its contents !*

*What a healing art, with such ill-understood medicines !*

From the circumstance that constant remedies have already been discovered for those diseases, though few in number\* which have a constant character, one might infer, that for all diseases of a constant character, constant (specific) remedies might be found.

And, accordingly, since the only trustworthy way, the homœopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have already been discovered.†

\* To be sure this was only effected by blind trials of all imaginable drugs ; for hitherto a scientific mode of making such discoveries has been entirely wanting in medicine.

† In this homœopathic way, from a consideration of the symptoms of the smooth *scarlet fever*, with bright erysipelatous redness of the skin,

In order to treat successfully the other cases of disease occurring in man, and which, be they acute or chronic, differ so vastly among each other, if they cannot be referred to some primitive disease which is constant in its character, they must

which formerly prevailed in Europe from time to time, as a contagious epidemic (but has been almost totally supplanted by the *purpura miliaris*, which, in 1800, came from the Netherlands into our country, and has been improperly termed "*scarlet fever*," by physicians who knew not the former disease), I found the specific curative and prophylactic remedy for this true smooth scarlatina in the smallest dose of *Belladonna*, which has the power of producing a very similar fever, with a similar lobster-red colour of the skin.

So, also, from a thorough consideration of the symptoms presented by the *purpura miliaris*, just mentioned, in one particular, purely inflammatory variety of it, with agonising anxiety and restlessness, I found that *Aconite* must be the specific remedy (occasionally alternately with crude coffee) ; and experience has confirmed the truth of the remark.

The symptoms of *croup* are to be found in the pure materia medica, among the symptoms produced by *burnt sponge* and *Hepar sulphuris* ; and, see ! these two alternately, and in the smallest dose, cure this frightful disease of children, as I first discovered.

No known medicine is so capable of producing a state similar to that of the epidemic *hooping-cough* than the *Sundew* ; and this disease, which, notwithstanding all the exertions of allopathic physicians, either becomes chronic or terminates fatally, is cured in a few days in a certain and safe manner, as I first shewed, by the smallest portion of a drop of the decillionth dilution of *Drosera rotundifolia*.

What physician before me, and before the publication of the "*Pure Materia Medica*," was able to cure radically the constitutional and local condylomatous disease ? They were content with removing the morbid growths by the cautery, the knife, or the ligature, as often as they appeared externally, but none succeeded in curing the disease. The symptoms of *Thuja occidentalis* taught me, however, that it must cure this disease ; and, behold ! a very small dose of its much diluted juice actually cures the internal disease, so that the external growths vanish also, shewing the cure to be radical.

With an infinity of empirically chosen drugs the allopathist attacks the autumnal dysentery, but with what miserable success ! The symptoms of *Corrosive sublimate*, however (*vide* the "*Pure Materia Medica*"), resemble so closely those of this disease, that this medicine must be its specific remedy ; and experience convinced me, many years since, that a single dose, consisting of a small portion of a drop of the trillionth dilution of *Mercurius sublimatus corrosivus* is sufficient to produce a rapid and complete cure.

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each be regarded as peculiar diseases, and a medicine, which, in its pure effects on the healthy body, shews symptoms similar to those of the case before us, must be administered.

This improved healing art, *i. e.*, the homœopathic, draws not its knowledge from those impure sources of the *materia medica* hitherto in use, pursues not that antiquated, dreamy, false path we have just pointed out, but follows the way consonant with nature. It administers no medicines to combat the diseases of mankind before testing their pure effects; that is, observing what changes they can produce in the health of a healthy man—this is its *pure materia medica*.

Thus, alone, can the power of medicines over the human organism be known; thus alone can their true importance, the peculiar action of each drug, be exhibited clearly and manifestly, without any fallacy, any deception, independent of all speculation; in their symptoms thus ascertained, can all their curative elements be disclosed; and among them may be found a signalization of all the cases of disease which each fitting (specific) remedy is capable of curing.

According to this improved system of medicine, cases of disease, in all their endless variety of appearance (if they cannot be traced back to some more profoundly rooted primitive disease of constant character), must be regarded in every instance as new, and never before seen; they must be noted exactly as they present themselves, with all the symptoms, accidents, and altered sensations discoverable in them; and a remedy must be selected which, as has been shewn by previous experiments of its action on perfect health, is capable of producing symptoms, accidents, and altered sensations, most similar to those of the case under treatment; and such a medicine, given in a very small dose, cures, as experience teaches, much better and more perfectly than any other method of treatment.

This doctrine of the pure effects of medicines promises no deceptive, fabulous remedies for names of diseases, imagines no general therapeutic virtues of drugs, but silently possesses the elements of cure for diseases accurately known (that is, investigated in all their symptoms); and he who will take the trouble to choose the remedy for a disease, by the rule of the

most perfect similarity, will ever find in it a pure inexhaustible source, whence he may derive the means for saving the lives of his fellow-men.

SAMUEL HAHNEMANN.

LEIPZIG, April 1817, and KÖTHEN, January 1825.

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ON THE USE OF ARSENIC.

Prepared from Pharmacological and Clinical Materials. By Dr WURMB of Vienna.

(Continued from p. 393.)

§ 3. Having now become acquainted generally with the peculiarities of Arsenic, and thereby having obtained so many landmarks for the memory, we will endeavour to make known the individual symptoms produced by Arsenic, also the peculiar symptomatology of the arsenical disease. We give ourselves here the difficult problem to resolve—to distinguish the true symptoms from the untrue—the original from the derived—the constant from the transitory, &c.; in short, to give the symptoms after a scientific manner, and to compare with them the nearest related medicines. We will only differ from the Hahnemannian arrangement of the symptoms, when it appears necessary to us, so as to make the survey of them more easy. Our reason for this is, that Hahnemann's statements form the basis of our present labour, which, as we have already said, is, and will be, nothing otherwise than an endeavour to make more easy to the beginner in Homœopathy the study of the register of the symptoms of Arsenic.

§ 4. The affections of the head which Arsenic produces in the healthy individual, according to the *Materia Medica Pura*, are, vertigo every evening (also periodical, of an intermittent kind), when seated, also (more seldom of an intermittent kind), merely on walking, increased by the eyelids being closed; confusion, heaviness, delirium, stupidity, even to complete insensible stupefaction, impairment of memory, weakness of the understanding; headach, confused, drawing, piercing, beating, squeezing, pressive, headach; head as if distended; feeling, on moving, as if from a blow on the brain; lastly, but more rarely, tearing and piercing within the head.

In reference to the character of the pain, that of the preservative kind (which, especially in parenchymatous organs, is almost always accompanied by a congestive state of these parts) is the most common. This pain is felt either in the whole head, or in one side, but especially in the frontal region. It is accompanied by a feeling of great weakness, and is either continuous, or appears early in the morning, towards midday, in the evening, or at night; but it very often returns periodically (of an intermittent character). It is most felt during rest, and is very frequently accompanied by other symptoms, such as singing in the ears, desire to vomit, and a kind of paralytic phenomenon.

The symptoms which Arsenic produces in the head, and which, as a whole, are produced by no other medicine, are not to be mistaken, although in many points they have a great relation with the symptoms produced by other medicines. (*Carb. veg., China, Cocculus, Rhus, Veratrum.*) There is, however, no constant or true symptom of the arsenical disease, *i. e.*, no symptom that is constantly present, or that originates, increases, diminishes, and disappears, with the disease. Experience tells us farther, that they, in very many cases, are not at all to be met with. The results of pathological anatomy confirm these statements, as there is often no trace of any change in the brain. There are to be found on this point a great many excellent authorities quoted by Hahnemann,—*Thomson, Sennert, Alberti, Pyl, Myrrhen, Ebers, Guilbert, Pearson, Buckholz, Grimm, Wedel, Vicat, Knape, Rau, and Jacobi.* If, however, we examine these still more minutely, many of them will, indeed, appear in another light. According to Vicat,\*

\* The symptoms 38 and 147 are extracted from the following history of a case of poisoning given by Vicat (*Delectus Observationum Pract.* 1780, p. 197). On the 1st of July, I was called to a carpenter, 30 years of age, labouring under a severe attack of cephalalgia, with which he had now been affected for several days. Inquiring into the cause of his illness, I received the following particulars:—"Wishing, 14 days ago, to cleanse his head of a number of nits which infested his hair, he, by the advice of a silly woman, sprinkled over his head a great quantity of finely powdered arsenic. Notwithstanding, however, that the nits were entirely removed, the head, after a few days, became painful. A surgeon in the neighbourhood was consulted, who ordered the head to be

Knape,† and Rau, the symptoms 38, 40, 60, 61, 98, 123, 132, 147, originated from the external application of Arsenic to the head. The symptom 3 (after Sennert) is to be obliterated, as it was caused by smelling arsenical ore.

Of the same value is the symptom 36 (after Grimm), which was observed in a person intoxicated, after having partaken of a solution of Cobalt, who had already, for a long time, ex-

immersed in cold water. This being done, the patient experienced (while his head was under the cold water) a remission of the pain, but when he removed his head, the pain returned with greater severity, so that, after a while, it became intolerable. He still continued to repeat the immersions, but always with the same bad, if not worse, effect, until, at length, after the last immersion, the weakened carpenter yelled and roared as if he should perish from pain. Being at this time called in, I found the skin of the hairy scalp covered with innumerable highly inflamed papulæ. I immediately ordered the head to be shaved, and a fomentation of mallows, digested with vinegar, to be applied; but the man would not allow his head to be shaved, estimating his hair too highly. I, therefore, rather ordered his head to be fomented with bran digested in tepid milk, by which means the cephalalgia was shortly afterwards abated, and became gradually more and more mitigated, until it, as well as the papulæ, entirely disappeared."

† Christoph Knape relates (*Critische Annalen der Staatsarzneykunde*, Berlin, 1804, i. 1), that a man-servant, named Larlop, found on the road a bag of powder which he considered to be hair-powder. His betrothed, a servant-maid, asked it, and along with her bridesmaid, on the wedding-day, the 14th November 1799, powdered her hair with it. On the 20th and 21st of the same month, they both first complained of a most violent headach; the skin of the head and face of both became swollen to a fearful degree. The surgeon having discovered arsenic in the powder, shaved both their heads, and applied lintseed oil and albumen. Dr Schulze, on the 26th November, found the whole head, with the face, of the wife swollen to a frightful extent; the skin of the face was of a perfect lead colour, intermixed with green and blue spots and stripes, the eyes were very much swelled, as also were the lips. Upon the hairy scalp, there was already several ulcerations of the size of a fourpenny piece. The head and face of the maid were swollen to a less degree, still she suffered most severe pain; there were also several ulcerations to be observed on the head. Both laboured under very severe febrile symptoms. Washing with soap, and the internal use of sulphur and camphor, then opium, was the treatment. The swelling of the head in the wife was cured by the 1st of December, and in the maid by the 30th of November. The ulcerations in the scalp, which had perforated to the pericranium, healed slower.



posed himself to the action of the heat of the sun. The symptom 37 (after Wedel) is more trustworthy, since we know that it originated after inhaling the vapour of Arsenic. The same may be said of the symptoms 4 and 13 (after Myrrhen), which originated after drawing into the nostrils a solution of Arsenic. The symptoms 9, 11, 22, 23, 61 (after Ebers and Jacobi), were observed after the use of Arsenic in cases of intermittent fever (and therefore not in health); and the symptom 19 (after Pearson) was seen in a case of epilepsy.

However, not to be misunderstood, we remark, that we do in no wise entirely deny the direct and primary action of Arsenic upon the brain and its membranes. We only mean that its action (at least in healthy persons) is not constant. In most cases of poisoning by Arsenic, either no—or only an insignificant—affection of the brain is present; while, in other cases, we find them present from the beginning, and in a very high degree. Further, there is often no material change found in the structure of the organs; while, at other times, the bloodvessels are found congested by thickish, blackish, and somewhat glutinous blood; a collection of serum is seen in the chambers of the brain; effusion of blood in the occiput; inflammation of the brain, &c. &c. Concerning these changes we can say nothing.

§ 5. The affection which Arsenic (according to Hahnemann) produces in the eyes, and the immediately surrounding parts, are, itching, drawing, and pressing around the eyes; trembling, quivering, and swelling of the eyelids; pain in the margin of the eyelids during motion, as if they were dry and rubbed on the eyeball; agglutination of the eyelids, especially in the morning; increased secretion of tears; drawing convulsive twitching, pressing (so that one cannot lie in bed from anxiety), but especially tickling, itching, biting, burning feeling in the eyes; great redness of the conjunctiva; photophobia; contracted pupil—in short, all the symptoms of inflammation; distortion of the eyes, glance of the eye wild, fixed, eye directed upwards, great sparkling before the eyes, projection of the eyeballs from their sockets—are symptoms which we usually find to be the precursors of death in almost all kinds of poisoning.

In reference to the power of vision, we have ourselves observed white flakes before the eyes, obscurity of vision, weakness of sight, total blindness.

§ 6. Arsenic stands in a peculiar relation to the organ of hearing, since almost all the attacks of pain commence by a sounding in the ears. As to the rest of the symptoms, 163-182, we do not, indeed, in the least, doubt their truthfulness; but we very much doubt their value to the practical physician. We, at least, have not a sufficiently acute power of observation to be able to perceive from them, whether, and what pathological state Arsenic produces in the organs of hearing; and, therefore, just as little do we know whether, and in what diseases of this organ of special sense, this medicine is homœopathic.\*

§ 7. Arsenic produces in the countenance the following symptoms: Paleness; deep gnawing pain; distorted countenance, betraying deep-seated pain; bluish, discoloured, collapsed, yellow, leaden, and earth-coloured tint, with green and blue spots and streaks on the face; blackish colour of the skin around the mouth; coldness, hollowness of the face, with cadaverous countenance; features similar to those of death (*facies hippocratica*).

§ 8. Arsenic has been used, since the earliest times, against malignant ulcers of the lips, and especially against cancer of the lips, without, however, any one of those who used it knowing, or perhaps caring to know, the principle on which it acted. That the action is regulated by the law of *similia similibus* is shewn by the following symptoms:—swelling and inflammation of the lips; bleeding of the lips, bluish spots, with brown corrugated striæ or bands, or black spots on the lips; painful swellings on the lips; around the lips, eating, tearing, biting ulcers,

\* In Noack and Trincks's Pharmacology (vol. i., p. 135), Arsenic is spoken of in this manner:—"In difficulty of hearing, especially from gastric irritations, from affections of the liver and spleen, from gout, metastasis, pyretic diseases, (especially eruptive fevers), and great exhaustion." It were very much to be wished that the experience of both these gentlemen, from which the fore-mentioned indications were induced, were made known!

worse on being touched, and in the air (cold ?) and during the night.\*

That Arsenic has been, for a long time, known to produce these symptoms, may be shewn by many quotations. We shall, however, for the present, be satisfied by giving the one quoted by Hahnemann (Sympt. 191.) Isenflamm-Steimmig says (*Dissert. de Remed. Suspect. et Venen. Erlang. 1767, p. 27*), "Quod si enim aliquis assumptis paucissimis arsenici granis post cardialgiam ac vomitum, et, ut prostant exempla, labiorum ulcerosam efflorescentiam, nihil porro mali patiens superstes sit, alter devorata ejus drachma cum immanibus symptomatibus celeritur pereat."

§ 9. The gums and teeth, from the effects of Arsenic, present the following symptoms :—a pricking, squeezing, pressing pain, in the gums ; painful gums, especially on being touched, and during the night, when lying on the affected side, mitigated by the application of external warmth, pressing, tearing, stounding toothach, combined frequently with swelling of the cheek, diminished or removed by sitting up in the bed, or on the application of warmth ; sensation of numbness, looseness, and even falling out of the teeth. These symptoms are produced by almost all metallic and very many vegetable substances. We shall only mention Mercury and Staphysagria. From this, we may judge of the therapeutic importance of Arsenic in this instance.

§ 10. Much more important, and of much more use, are the symptoms produced by Arsenic, in reference to the mouth and pharynx. Troublesome dryness of the mouth, with great thirst, yet drinking only a little at a time ; mucus in the mouth, increased secretion of saliva, bloody salivation ; dryness, loss of feeling and of taste in the tongue, as if it were burnt to death, (consequently, a woody dry taste in the mouth) ; a cutting or pricking feeling at the root of the tongue, as if it were produced by a fish-bone ; a boring pain in the right border of the tongue ; ulceration of the apex of the tongue, having a biting sensation ; a burning pain in the tongue ; a feeling of dryness

\* We have similar affections produced by Belladonna, Carbo. vegetab., Conium maculatum, Baryta carbonica, and others.

in the throat; mucus in the throat; itching, and a festered-like feeling in the soft and hard palates; a tearing sensation in the pharynx; paralysis of the pharynx; a sensation of burning in the throat and pharynx; inflammation of the throat; difficult and painful swallowing; a feeling of spasmodic constriction in the throat and pharynx;\* angina maligna.†

It may be perceived from what we have just said, that Arsenic affects, especially, the pharynx. Even the external application of this poison, and that at a distance from this part of the body, very often produces the most severe morbid phenomena. The symptoms (235, 237, and 239, quoted from Rau and Knappe, were produced from the application of Arsenic to the head. The symptom, 236, after Feldmann (*Commercium lit Norimbergense*, 1743, p. 50), is in the original, as follows:—"Duo alii adhibuerunt emplastrum arsenicale ad quartanam debellandam; sed hi gangræna faucium, presso pede insequenti, miserabiliter extincti sunt."

§ 11. The symptoms, 244–279, shew that Arsenic produces a

\* "The constricting power of Arsenic," Hahnemann says, (*Abhandlung über die Arsenikvergiftung, ihre Hilfe und gerichtliche Ausmittlung*, Leipz. 1786, p. 78), "shews itself also after death by many phenomena. We usually find, after poisoning from Arsenic, the cardiac and pyloric orifices of the stomach in such a state of contraction, that not the least quantity of air can be pressed through them." He further remarks, "in such unfortunate cases, the pharynx to be also, as it were, contracted, the breast (the diaphragm?) constricted, the muscles of the abdomen strongly contracted, almost all the sphincter muscles, especially those of the anus and urinary bladder, are closed; the mouth of the ductus communis choledocus in the duodenum appears often to be so much narrowed that no bile can be pressed through it. Also some have found the stomach, after Arsenic has been taken, completely contracted upon itself. There appears, likewise, to be produced in the limbs, from the usual contracted irritability, a visible contraction or spasm of the muscular fibres. The constricting power of Arsenic was known to Dioscorides; he indeed says:—(*περί τῆς ἀρσενικῆς*. Lib. v. Op. edit., Paris 1829, p. 299–300), 'Ἀρσενικὸν vim habet septicam, stypticam et escharoticam, cum ustione et corrosione violenta, simul constringit, &c. &c. Arsenic is in this view similar to the mineral acids."

† Belladonna, Mercur., Lachesis, Acidum nitr. &c., produce similar symptoms.

sour, salt, foul, but especially a bitter taste\* in the mouth; † further, a desire for acids (vinegar, sour fruits), and for coffee and milk, in a very great degree; want of appetite, nausea before eating; even the thinking about food causes nausea.

The *Materia Medica Pura*, in these statements, is in perfect contradiction to most of the old pharmacological manuals, especially since Vogt's (*Pharmacology*, vol. i., p. 507) brilliant apology for the use of Arsenic teaches the very opposite; namely, that it, in small doses, increases the appetite in healthy persons, strengthens the functions of digestion, chyli-fication, sanguification, stimulates and makes more powerful the assimilative process in the metamorphosis of the organs, &c. &c. In a word, that Arsenic produces an opposite effect to that which we, as the characteristic action, have already many times given, and will yet give. Is it not to be believed that we, on account of the importance of the subject, will sooner attain a just conclusion as to which of the parties is right? When we read the effect which Arsenic, according to Vogt, produces, in small doses, and in healthy subjects, we cannot help thinking but that the celebrated pharmacodynamist has erred, and that he has described the action of a good glass of old Rhenish wine; so bright and lovely is the picture which he gives of the action of Arsenic. We now very naturally ask the question,—Has Vogt made the physiological provings of Arsenic on himself, or on others, since he speaks of them with such definiteness? and are the symptoms which Arsenic first produces in the stomach, and then gradually in the rest of the organs, and of the system, correctly given? We must answer No; at least of such experiments we know nothing: and then, without doubt, the great similarity between the action of Arsenic, orange leaves, and citron peel, would have been con-

\* The bitter taste, according to Hahnemann (*Kleine Medicinische Schriften*, p. 87), is not constantly present, but only while eating; or there is, immediately afterwards, a bitterness in the mouth. Sometimes, however, neither the food nor the drink have any taste.

† The property of our medicine, in producing a periodical return of the symptoms, is also present here, as we learn from symptom 265:—“With correct taste of the food, there is, every other day, as in tertian fever, a bitter taste in the throat after eating.

firmed. Let us hear from what sources Vogt derived the so-called knowledge. "It is known that old worn-out horses often gain a good appetite, become sprightly and strong, from taking Arsenic; and that hunters have observed, in pigeons that have frequently got Arsenic, a very large appetite, and that they were very strong on the wing." This stands (*incredibile dictu!*) in the celebrated Pharmacopœia (p. 507). "The inhabitants of Upper Styria use Arsenic as a stomachic, and as a seasoning for several dishes; and we have a case related of a healthy (? Wb.) peasant who was accustomed daily to take two grains of Arsenic, without which, he said, he was sure he could not live." We cannot, indeed, upbraid the Professor of a too great anxiety for correctness in his quotation; since it is thus stated in the *Medic. Jahrb. des Osterr. Staates*, 1822, p. 99, out of which the above was taken: "It is difficult to find a district in Upper Styria where there is not, at least, one house in which Arsenic is kept, under the name of Hydrach. They use it for the diseases of domestic animals, against vermin, and especially as a stomachic, so as to produce an appetite.\* A peasant,† in my presence, shewed to another one, on the point of a knife, how much Arsenic he took daily, and, as he expressed himself, without which he could not live. The quantity I would reckon to be about two grains, although of this I would not be certain.‡ This poison also, in these regions, is used as a seasoning for cheese; and indeed we have many times already seen symptoms of poisoning from eating cheese of Upper Styria; and it is only lately that such a case happened."

It is incomprehensible how Vogt could lay any weight in favour of this hypothesis on observations such as the fore-mentioned; but especially, how he could so quote them, as if

\* Yet only for weakness, or perfect loss of appetite, originating from disease, since the inhabitants of Upper Styria, from their labour and the pure mountain air, enjoy, in health (as any one who goes there may easily convince himself), an appetite worthy of being envied, which is not the consequence of any stomachic, and far less of arsenic.

† It is not stated that the peasant was perfectly healthy, as Vogt definitely says.

‡ Vogt writes as if it were exactly determined.

he spoke of the physiological action of Arsenic. One could not easily find a more unfit place than he has for this unfortunately chosen proof. But even still more incomprehensible is it how others, as Sundelin, Wibmer, Köchlin, Sobernheim, could have passed this over unnoticed. Every thing that Vogt and his copiers have said of the action of Arsenic on the digestive organs, and especially of its tonic property, has, in so far as it is not the result of its use in disease, no foundation. In certain weak states of the body (as we shall shew at greater length farther on) Arsenic, not rarely, is a very precious medicine; it is also a tonic, in the peculiar meaning of that term. It is not so, however, because it, as Vogt imagines, in small doses acts on the organism as a tonic; but from the very opposite reason, that it especially produces a very weak state of the system. For this reason Arsenic may—and Vogt's examples serve as illustrations—be advantageous in certain worn-out old horses, and likewise, perhaps, be able to cure, and that not rarely, the weak stomach of an Upper Styrian, and so bring again his relish for food. Of this we have not the least doubt, since it is homœopathic; but we do doubt that Arsenic, in small doses, and in a healthy person, does produce such a state as Vogt describes; and we will continue so to doubt until the honoured Professor shall confirm this by means of physiological provings, and thereby overturn those of Hahnemann.

To enable us the better to understand the symptoms which Arsenic produces in the stomach and intestines, we should pay attention to the following circumstances:—

Since the stomach and intestines are usually the receiving organs, for the medicines to be proved, it cannot but happen that they will produce, if the dose be sufficient, in these parts, morbid phenomena. Consequently, we almost always find the following symptoms given everywhere in Hahnemann's *Materia Medica*. Nausea, depraved taste, want of appetite, eructation, pain in the abdomen, diarrhœa, &c. &c. It, therefore, need scarcely be mentioned, that it would be very rash, if from these, or from the similarity of the symptoms alone, we should conclude as to the fitness of a medicine for a disease of the stomach or intestines. In reference to this

point, great care is required to secure us from error. A specific action on the stomach and intestines can only be ascribed to those medicines which we know produces in them, while in health, in small doses, or on its being applied to a distant part of the body, a pathological state. On the other hand, all the symptoms must be rejected which have been produced by the direct action of larger doses alone, let the number of such symptoms in the *Materia Medica Pura* be as many as they will. The objections which may be made against the action of all strong poisons, especially of acid and corrosive substances, can be obviated, since great and small doses are relative terms, so that those symptoms, the effect of such poisons alone, deserve special attention, which make their appearance after doses so small, that their chemical action is kept entirely in the shade. Besides, as is already known and admitted, the practical usefulness of a medicine does not depend on its general specific action, but on its *peculiar kind of action*. A medicine given to a healthy person in small doses may produce a very great number of symptoms in the stomach and intestines, and yet be rarely applicable in diseases of these organs; for, to render it so, it is necessary that the symptoms of the medicinal disease be similar to those usually present in natural diseases.

When we apply our observations to the case of Arsenic, we consider it unnecessary to go into a minute discussion as to whether the stomach and intestines belong to those organs upon which this poison especially acts, since it is a well known fact that the smallest doses, without any especial sensibility being present, though applied externally, and to a distant part of the body, produce symptoms in the stomach and intestines, as we learn from the symptoms 313, 314, 330, 350, 357, 413, 418, 433, 439 (which number might be easily increased), which we have from Fernelius, Rau, Verzasch, Thilerius, and Büttner. The symptoms 280–457 in the *Materia Medica Pura*, give us the character of the action, and of these, especially those which were observed by Hahnemann himself, the particular observations of our Master; and this because they were produced by taking small doses, and therefore are especially characteristic, and shew more distinctly the finer symptoms of



the arsenical disease; while the histories of poisoning, taken from other observers, and likewise those symptoms produced by large doses are remarkable for their severity, but from this circumstance alone, the peculiarity of them is very much lost.\* We will now consider these symptoms more closely.

The nausea which Arsenic produces is united to a feeling of great weakness (§ 287, 288.). Nausea, with anxiety, and a periodical returning of the former (§ 280.). Nausea, with other symptoms, which do not seem to stand in any relation to it, § 287, but especially § 288, "with nausea, a tearing pain around the malleoli and the dorsum of the foot." The nausea is increased by rest, and diminished by motion (§ 300), In short, the generally known characteristics of Arsenic reflect themselves truthfully in these symptoms.

We further find an increased flow of water in the mouth; empty eructations, or eructations after eating; and very severe hiccough, which returns periodically (compare § 310), and either alone or accompanied by eructation, retching, and real vomiting.† With this state there is usually united great heat

\* One would be almost inclined to believe, if the ordinary run of toxicologists were taken as an authority, that there is no difference between the actions of the different poisons, since we almost always find, by all of them, the same symptoms again repeated. This cannot be otherwise, so long as we only observe such cases of poisoning as originate from large doses, in consequence of which the symptoms follow each other, in such confused haste, and with such violence, that scarcely anything can be observed or estimated; and so long as we judge of the character of the action of the poison, by those symptoms which accompany the throes of death, since these are the same by all kinds of poisonings; while the smaller and the longer continued doses produce symptoms which are just as important, as they are not noticeable by the superficial observer; so have we numberless histories of acute, but scarcely one detailed, and faithfully described, chronic case of poisoning by Arsenic.

† According to Hahnemann (*Abhandlung über die Arsenik vergiftung*, § 79), Arsenic produces in the stomach rather irregular convulsions, than the usual peristaltic or antiperistaltic motions; also an anxious, fruitless contraction, than a copious vomiting—a peculiarity which makes it so very dangerous when swallowed, especially when there is no vomiting, or none till long after its being taken, for the reason just given. "Rather fruitless efforts than effectual evacuations are observed."—(*Id.*, p. 50).—Wb.

and thirst (§ 319, 320), with great anxiety (§ 322) and diarrhoea (§ 325–328). There follows, not rarely, immediately afterwards, the greatest effort, which, consequently, leaves behind great fatigue and weakness (observe § 323). On beginning to vomit, there is first ejected some of the drink which has been taken, as, for example, water; and then, afterwards, thicker, vitreous-like, or greenish mucus, or blood. The vomiting is either constant, or it only takes place soon after eating. The stomach is sometimes so sensible, that it can bear no kind of food (§ 312 and 313).\*

Further, Arsenic produces in the stomach a pressive, gnawing, cutting, but especially a burning pain, and a feeling as if it were distended in its whole circumference. The burning pain is most common, and is either present alone, or in union with some other sensation, especially with the pressive pain. With this pain we have excessive thirst, moaning, complaining, anxiety. They are either continuous, or appear at definite times (periodical); as, for example, two hours after midnight (§ 358), or after eating, and either immediately or some time after.†

§ 13. Arsenic produces in the intestines almost all kinds of

\* The symptom 313 is extracted from observations contained in the *Salzburger Med. Chirurg. Ztg.* 1806. Vol. iii. :—"Sad were the consequences of a too frequently repeated external application of Cosme's ointment, containing arsenic, to a large fungous tumour on the heel. The symptoms produced were tetanus (§ 724), many weeks continued vomiting of all kinds of food, and a fatal consumption." Hahnemann's incomplete extracts require this completion.

† By all medicines which have a close relation to the gastric sphere, certain symptoms appear, or become worse from eating or drinking. Whoever is astonished at this statement, forgets that we use the word "medicines" in the same way as we do the term medicinal disease, and, indeed, in natural diseases, we find the same thing. Thus, in gastric or bilious fever, the symptoms become worse when patients do not observe a strict diet; the symptoms of the irritable sphere increase during evening, those of the vegetative sphere during night, those of the nervous system, especially of the senses, usually in the day time. From these statements, we see how important it is, when we read that by *Ars.*, *Ant.*, *Cocc.*, *Nux vom.*, &c., the symptoms are increased after eating; by *Acon.*, *Bell.*, *Puls.*, &c., they become worse in the evening; by *Carb. veg.*, *Merc.*, *Sulph.*, *Sil.*, during the night; while, on the contrary, by *Cic.*, *Stram.*, *Valer.*, they become worse during the day.

pain; griping, pressing, cramp-like pain; twisting, searching, cutting, piercing, tearing, but especially a burning pain. These pains are either (after large doses) continuous, in paroxysms, returning periodically (361, 378–380, 333, 384). They become, sometimes, more acute by external pressure, or more sensible by rest (355, 385). They are either confined to particular parts, as, for example, to the umbilical region, the epigastrium, the hypochondria, or they engage the whole of the abdomen. They, especially the pressing and cutting pains (§ 379), extend sometimes through the abdominal ring, to the spermatic cord, and perineum, as if a hernia were about to protrude; or, in walking, they extend, like pain from renal affection, from the right epigastric region to the right side of the scrotum and the groin. These symptoms are frequently accompanied by fever, thirst, beating of the heart, icy coldness of the hands and feet, the face bedewed by a cold sweat, great restlessness (continued changing of position in bed), anxiety, utter despair.

We farther observe, as symptoms of Arsenic:—Borborygmus in the abdomen, as if from flatulence; inflation of the abdomen, especially in the morning and after eating; escape of flatulence. *In reference to the stool*:—Hard knotty stool, or (seldomer) pap-like diarrhoea; costiveness and diarrhoea alternately; most frequently, however, constipation; fruitless pressure at stool; spasmodic expulsive pressure of the anus; burning and pain in the rectum, with continued pressure in the anus (a kind of tenesmus, as in dysentery), or watery, yellowish, bloody, slimy, greenish, ropy, bilious, blackish, putrid evacuations; involuntary evacuations; as Hahnemann says, “Rather fruitless contortions than satisfactory evacuations.” *Before stool*:—Restlessness; abdominal pain; sensation as if the abdomen would split. *At stool*:—Vomiting; very severe pains in the abdomen; burning in the anus; tenesmus.

*After stool*, burning in the anus, palpitation of the heart, trembling in all the limbs, great weakness. *Without reference to stool*: itching excoriated pain of the rectum; sensitive on being touched, as if there were a wound in the rectum; burning in the hæmorrhoidal protrusions by night. During the day,

especially on walking, severe painful stabbing stitches in them. painful blind hæmorrhoids, with slow pricking pain, as if made with a hot needle; painful swelling of the hæmorrhoidal veins; an itching biting sensation in the perineum, especially in walking, which compels one to scratch.

§ 14. We will connect with these symptoms the material changes which are seen after death, in cases poisoned by Arsenic. We confine ourselves here to what is given by Wibmer.—(*Die Wirkungen der Arzneimittel und Gifte*, Bd. i., p. 326, *et seq.*)

Unfortunately, the account given is any thing but complete. For this meagreness, however, we cannot blame the learned physician, as the fault is not to be found in him, but in the circumstance of the case; since, by judicial dissections, the attention is not so much directed to pathological changes, as to prove the presence of the poison; so that there yet scarcely exists the first rudiments of the anatomy of the arsenical disease. “We find, when Arsenic has been given, for a long time in small doses, in the stomach, and in the intestines, especially in the duodenum, cæcum, and rectum, but more especially in the small than in the large intestines, red, bluish, brownish, even greyish-green inflamed spots, sometimes also erosion. The situation of these changes is not constant; they are usually found in the fundus of the stomach, and in the neighbourhood of the cardia and pylorus. Their form and size vary; they scarcely ever extend through the muscular coat. In many parts the mucous membrane is softened, swelled, or altogether removed, also sometimes thickened. We frequently find black, darkish, extravasated spots in the stomach, and the mucous glands enlarged and very much developed; we rarely find any trace of gangrene. In some cases of poisoning by Arsenic we do not find, after death, any visible trace of inflammation or degeneration in the stomach or intestines.

Farther, the intestines are sometimes distended by gas; sometimes collapsed; sometimes contracted on themselves. Their vessels are usually very much congested with black blood; the vessels of the omentum, mesentery, and mesocolon, are usually injected to the same extent and with black blood.

If the poison has been taken at one time, and in a large dose, we find also the pharynx, and not unfrequently the œsophagus, reddened; the stomach and intestines inflamed, often gangrenous, partly in spots, partly in patches, with extravasated, reddened, and sometimes perforated places. We frequently observe the swallowed Arsenic in the folds of the mucous membrane. Sometimes, however, only a slight trace of inflammation, or none at all, is visible in the intestines, although, while dying, the patient suffered great pain.\* In general the inflammation is, independent of the quantity of the poison, so much the less, the quicker death takes place, and the shorter time the poison is in contact with the stomach and intestines.†

§ 15. If we compare the symptoms of Arsenic, contained in the sections 12 and 13, with those which other medicines produce in the same organs, as for example, Antimonium crudum, and Tartaricum, Cuprum metall. Pulsatilla, Rhus, Scacale cornutum, Mercurius Sublimatus corrosiv., Phosphorus, Veratrum, the mineral acids, &c., we will, indeed, find that they in many respects agree together; and therefore it is pardonable to a beginner, but only to a beginner, when he occasionally, from human frailty, as Hahnemann says, fails to hit the right medicine. This similarity is, however, always only partial, sometimes only apparent, since we have not as yet, among the proved medicines, any which exactly present the same group of symptoms. For example, Veratrum, in the burning pain so characteristic of Arsenic, plays a very limited part, not to speak of the other differences between

\* When Arsenic, from being applied externally, or from being swallowed, gradually produces a sinking of the strength, anxiety, convulsions, and death, without perceptibly producing any considerable local destruction, we have, forsooth, here no right to conclude that the destructive power of the poison has gradually extended itself over the vital and sensific principle!—(*Hahnemann, loc. cit.*, p. 72.)

† Death takes place so quickly that the poison cannot unfold its peculiar actions. “We have examples of poisoning (says Hahnemann, *loc. cit.*, p. 198) where the characteristic symptoms have not been at all observed.—The strength has only sunk, and then the poisoned person died.” The acuter the poisoning, the less is it of importance to the pharmacologist.—Wb.

these two substances. Phosphorus also equally produces a burning pain, and precisely in those circumstances it is useless where Arsenic is so powerful, viz, in great weakness and loss of vital power.

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CASES OF BRONCHOCELE.

By HUGH CAMERON, Esq., M.R.C.S.E.

Being the substance of a paper read before the British Homœopathic Society.

The chief object we have in view in describing the following cases is to illustrate the fact, that diseases may be relieved or cured by medicines given according to the homœopathic formula, after the treatment according to the old method by the same substances had failed to do good, or even done harm.

The application of Iodine to the cure of bronchocele is very interesting in a historical point of view. Soon after the discovery of this element, its existence was traced in various composite bodies, and especially in the ashes of sea-plants. Dr Coindet of Geneva, practically acquainted with the value of burnt sponge in the cure of goître, fell upon the happy idea, that its virtues might depend upon the Iodine it contained, and, accordingly, putting his hypothesis to the test of experiment, he administered Iodine alone in goître, and found that it acted as a specific in the disease. This is frequently adduced as an example of induction in medicine.\* But after all, it only resolves itself, if we reflect a little upon it, into induction in pharmacy: It was not from the chemical properties of Iodine that Dr Coindet was led to employ it, but because popular experience had established that a substance in which this element abounded, had proved useful in this inveterate disease. In this, as in all cases of specific medicines before Hahnemann's discovery, the knowledge of the medicinal virtue of the drug was obtained by chance,—not by scientific induction. All that science did in this case was to produce the remedy in a form better adapted for extensive application, and to determine that the substance which gave burnt sponge its efficacy might be

\* See Herschel on the Inductive Sciences.

obtained from other sources; and that, however obtained, it was equally valuable for the cure of goître.

Indeed, we feel disposed to question if the practical art of medicine has been advanced and not rather retarded by the substitution of Iodine for burnt sponge; for, as our cures illustrate, the medicine given in its concentrated form does not, in many cases, do so much good as when diluted; and it is certain that many grievous evils to the constitution have resulted from its excessive administration.

And just as little are we inclined to attribute to scientific induction the discovery of the virtue of Iodine in goître, as we should identify the discovery of Quinine with that of the febrifuge virtues of Cinchona. In both cases it was merely a pharmaceutical, not a remedial discovery. It is thus, however, that the old practice of medicine gains for itself an air of scientific respectability, by incrusting its shrivelled and barren body with the brilliant spoils of its related sciences. It would do much to facilitate the progress of Homœopathy, if the spurious honours of this pretender were torn away.

Every kind of influence the most opposite has, in its turn, been brought forward as the exciting cause of bronchocele. It was for a long time held that it arose from insufficient nourishment; and that, therefore, in Derbyshire, where oaten-cake is much used by the poor, this was the chief cause of its prevalence in that county; but, again, it was found that in countries where the disease is very prevalent, the rich were by no means exempt from its ravages; and that in Scotland, where oaten-cake forms a principal article of diet, the disease was nearly unknown. It was then maintained, that from bronchocele prevailing much in mountainous countries, the disease was caused by drinking snow-water, until it was recollected that the populations of many mountainous districts who drink no water but what comes from the snow of glaciers were free from it; that in Greenland it was never seen; while in the island of Sumatra, where snow was never witnessed, this disease infests the whole place. Bronchocele was (and is still) very generally attributed to some calcareous ingredients in the water, by the best writers on the disease. The frequency of the disease in Nottinghamshire, in Derbyshire, in Sussex, and in Hampshire,

where the soil is highly calcareous, also supports this view of the exciting cause of bronchocele. In the midland counties the water is remarkably pure, as this analysis, which was made by an experienced scientific chemist, will prove. Indeed, the analyst considered the water to be of almost unequalled purity. It is the belief of many that the disease is owing to the confined and damp air of valleys and low countries; but this will not bear any examination. The district I have mentioned is a high and hilly table-land, 700 feet above the level of the sea, while the neighbouring valleys are perfectly free from the disorder. Humboldt found it raging in South America, at the height of 6000 feet above the sea, in a dry, well ventilated, open country. In the Pyrenees too, the disease is chiefly confined to high grounds.

I shall now, in a few words, relate the leading features of three cases, which I have selected out of many, because they prove that Iodine, administered in homœopathic doses, will act beneficially in bronchocele, where it has been employed in allopathic doses without success; and that this remedy, allopathically prescribed, sometimes increased the disease it was given to cure.

The first case is that of a woman aged 40, who has been afflicted with this malady since her childhood. She is a native of the district I have alluded to (in the midland counties) where the disease prevails. The swelling extended from the top of the sternum to the upper edge of the thyroid cartilage, and nearly from ear to ear. It was of a hard unyielding consistency; and its surface was covered with a network of large turgid veins. By its pressure; respiration was much impeded the vessels that return the blood from the head were in a constant state of distension; and she complained of a feeling of great fulness in the head. She suffered much from frequent fits of coughing, dyspnœa, and difficulty of remaining in the recumbent posture.

For many years she complained only of the weight of the tumour, and attempted no means for its removal; at length, however, the symptoms that I have mentioned appeared, and then she had recourse to several medical practitioners of the neighbourhood in succession, without obtaining any essential



or lasting relief. She was leeches, blistered, and rubbed in ointments of Mercury, and of Hydr iodate of Potass. She took also the Tincture of Iodine internally, until she was forced to leave it off on account of its producing giddiness, fainting, palpitation, general tremour, and pain, and a feeling of increased tension in the tumour itself. For some years before I saw her, she had left off all treatment. The cough, dyspnœa, difficulty of lying in bed, and fulness of the head had greatly increased. I gave her Iodine 1-30 every two days. In about a week, when she reported herself much relieved of dyspnœa, as well as of the fulness in the head, the cough, the difficulty of lying in the recumbent posture, gradually left her ; and in about six months from the commencement of the treatment, during which I continued the use of the Iodine in the above doses at occasional and gradually necessary intervals, she complained only of the sensation of weight in the swelling. Since that period, now nearly seven years ago, she has continued in general good health, free from dyspnœa, feeling of heaving in the head, and cough, and has no difficulty in lying down. When any of these symptoms return from casual causes, she has recourse to a few doses of Iodine, 30 atten., and relief invariably follows their use. It is right that I should add, that the swelling has not materially diminished in size ; but, within the last twelve months, she considers it has become much softer and less heavy.

The next case is that of a married woman, aged 55. She came from a part of the country where the disease is unknown, and was perfectly free from any symptom of it until about six months after her marriage, when she took up her residence in the infected district. The disease once begun, increased rapidly, and in six years it attained as large a size as any I ever saw in England. It was attended with the symptoms usually produced by mechanical pressure on the trachea and blood-vessels of the neck. The voice was rendered shrill and stridulous. The sensation of weight in the tumour was of the most harassing nature, and it was accompanied by severe lancinating pains, and occasional throbbing. The cough was very severe and troublesome. Her general health was greatly disordered. She was very liable to catch cold ; and, when suffering from catarrh, all her bad symptoms were increased.

She had tried all the various allopathic remedies that I have described in my report of the first case, with little or no relief, and, in despairing of obtaining any benefit from medicine, she had for years left off all treatment.

I prescribed Iodine 30, and after some weeks' use of this medicine she was greatly improved in *all* respects. The difficulty of breathing is now absent except when she catches cold, and then it is always relieved by Iodine 30; and her general health is so much restored, that she is now able to pursue her laborious duties with but few interruptions; whereas, before she had recourse to homœopathic treatment, she was generally unfit to bear the slightest fatigue. The bronchocele had become so confirmed for so many years before I saw her, that from the first I held out no hopes of my being able to make any decided impression on the size, but she says it is now much smaller, and less heavy.

The last case I shall mention was that of a young girl, 20 years old. She was in very good health, suffering no great inconvenience from the swelling, but quite alive to the disfigurement it produced. She was a native of the district, and had been affected by the disease since her infancy. She had tried the usual means without the slightest benefit, although she was treated and resided for several years at a place where bronchocele does not exist.

On her applying to me, I prescribed Iodine 30, and after continuing its use for about a year, the swelling had greatly diminished in size. She then left the infected district, and I now understand, from her relations, that she is nearly quite free from all swelling of the neck.

I trust I have satisfactorily shewn, that where allopathic doses of a medicine have totally failed in affording relief, and even where, as in the first case, their administration has been followed by a decided increase of the disease and its concomitant symptoms, the very same medicine, in homœopathic doses, may not only give great relief, but, as in the third case, prove curative when the subject is young, and removed after a time from the causes which keep up the morbid action.

## CASE OF PUERPERAL PERITONITIS.

By Dr EDWARD C. HOLLAND.

Few men, perhaps, felt greater scepticism respecting the homœopathic doctrine, or ridiculed it to a greater extent than myself, previous to the year 1840, when my friend Dr Dunsford (much to the happiness which I have since felt) visited this town, and effectually succeeded, by direct proof, in breaking down my prejudice and bringing the conviction to my mind, that the system of the immortal Hahnemann was indeed based on a true and immutable foundation. Since then I have devoted the greater part of my leisure time to its study, and am daily rewarded by the success which almost uniformly attends my treatment. Last year scarlatina prevailed in this town and neighbourhood, proving fatal to an immense number of children. In my private practice I attended between 400 and 500 cases, and with the exception of two instances, where I was sent for, where dropsy had been existing for some time, every case yielded in an astonishingly short period. Nor had I occasion to employ any other remedies than Aconite and Belladonna, except in about ten or twelve persons, where Mercurius, Arsenic, or Hellebore, were indicated. Would that the same success had crowned the endeavours of my allopathic brethren. Nor can the comparison produce other than painful regrets to them, and the greatest rejoicing to myself. It appears to me, that it is the bounden duty of a medical man, if he be really and sincerely desirous to ameliorate the pang of human suffering, to avail himself at all times of those efficient means which, whilst they possess the undeniable property of healing surely and speedily, are productive of no pain or inconvenience to the sick in their exhibition.

Puerperal peritonitis is one of those diseases which causes the general practitioner the greatest anxiety, from its occurrence at a period when hope runs high, and friends are rejoicing at another link being added to the chain of their connexions. How speedily these hopes are crushed, the bills of mortality in this district would afford abundant evidence. I

subjoin a case to prove the infinite superiority of the homœopathic over any other plan of treatment in this most formidable complaint.

Elizabeth Tucker, aged 45, living at Gillisham, was attacked with labour pains, on Thursday the 7th instant. As it was her first child, and the pains were not very violent, the women about her, notwithstanding the liquor amnii had escaped, did not send for me till the next day. On my arrival I found the parts extremely rigid, the left foot of the child lying on the right ischium, and the funis external to the labia. Passing it back carefully, I grasped the foot, and drew it gently down, which effort was succeeded by violent uterine contractions, but without any effect on the expulsion of the child's body. Deeming it advisable not to have recourse to violence in the matter, the patient being of a strong, healthy character, I remained passive for many hours ; but finding, on the Saturday morning, that the position of affairs was unchanged, and that her pains were getting very feeble, I dared not risk her remaining much longer undelivered. Accordingly, I increased my tractive efforts, and in about an hour the body of the child was expelled. This was at nine o'clock in the morning. Again I waited for the efforts of nature ; but at three in the afternoon, scarcely any pains coming to her aid, and it being evident from her feeble pulse, anxious countenance, and cold, clammy sweats, that it was imperative on me to wait no longer, but to deliver immediately, I sent to request my friend Mr Woodward to come to my assistance ; in doing which he lost no time. On a consultation, we agreed to open the child's head, which, from its position in the abdomen, not having passed the brim of the pelvis, I found to be very difficult, but which I accomplished in about twenty minutes ; and, in about half an hour after, the child was born, but the subsequent hæmorrhage was very alarming, although the placenta was expelled in about ten minutes after the child. As, however, the bleeding soon ceased, but she appeared very faint and weak, with a pulse of 175, very feeble and intermittent, I gave her a dose of China, and repeated it in an hour, when she told me she was very comfortable, and I left her for the night, with instructions to the attendants to send for me if

requisite. At half-past six on Sunday morning I visited her, and found her still very much exhausted, with a pulse at 144 in the minute, but less anxiety than I had expected ; her greatest uneasiness occasioned by pain in the sacrum, and a little headach, for which I prescribed a dose of Bryonia, and promised to visit her in the evening. At 4 P.M. I was again sent for, the messenger telling me that they feared she would not be living to the time of my arrival. I then found that she had been attacked by extreme shiverings ; violent pains in the abdomen, over which she could not bear the slightest touch, without experiencing the most intense pain ; pulse 140, full ; burning heat of skin ; tongue dry, with excessive thirst, and extreme tumefaction of the abdomen ; lochia suppressed. I immediately prescribed Aconite every half hour, for four hours, after which it was alternated with Belladonna every hour.

Monday, Aug. 11th, 7 A.M.—Tenderness rather diminished ; pulse 133 ; has passed much water ; temperature of skin less, with gentle perspiration ; tongue not so dry. Repeat the medicines every two hours.

10 o'clock P.M.—Expresses herself much relieved ; has lain on the side ; pulse 125 ; perspiration on the skin ; has slept a great deal in the day, but complains of much pain in the sacrum, and throbbing in the head ; pain of abdomen diminished. The bowels not having acted I ordered a warm water enema to-morrow morning early, as she feels inclined to sleep ; also Bryonia, to be alternated with Belladonna every three hours.

12th, 7 o'clock A.M.—Has passed a restless night ; pain of abdomen increased ; bowels have acted very freely ; pulse 130 ; heat of skin greater ; has a hacking, dry, cough. Two doses Aconite ; one noon, and the other at four. Repeat the Bryonia and Belladonna.

8 o'clock.—Fell asleep, and perspired freely ten minutes after the first dose of Aconite. Says she feels much better ; abdomen not nearly so tender to the touch, nor so much tumefied ; is still thirsty, but can move better in the bed ; has taken some panada with an appetite. The medicines to be continued.

13th.—Has passed a good night, and appears better in every respect. Lochia reappeared in the middle of the night, but of a very pale character; feels extremely weak; pulse 114, weak, and thready; has headach, with tenderness of the scalp; flushed face; numbness of the left arm, on which she has been lying; is very hoarse; and has occasional shootings in the left side. Ordered China every three hours.

8 o'clock P.M.—Appears much better; has slept through the day, and is more cheerful; hoarseness better; as also the cough; pulse 114, firmer than in the morning; her bowels have acted freely.

14th.—Improvement continues; no pain in the abdomen, which has returned to its usual size; the cough continues, especially when she lies back; breathing is better, and her appetite is returning. Ordered two doses of Lachesis, and some mild broth.

Friday 15th.—Still better, but weak; cough nearly gone; pulse 100, but feeble; tongue moist, and cleaning rapidly. Says she thinks she could get up, but I would not allow it. Nourishment increased.

16th.—She was sitting up in the bed this morning; says she is very comfortable, but feels weak. Continue the nourishment.

If I am again required, she will send for me. What, supposing she had been left to allopathic treatment, would have been the result of this case? Had bleeding been adopted, she would, in the event of recovery, which is by no means probable, have had cause to congratulate herself on a narrow escape from its pernicious effects; and surely stimulants were totally inadmissible. By acting, however, on the very seat of the disease, and bring about a just equilibrium of the circulatory system, the homœopathic treatment has succeeded in rescuing from destruction one in whose case death appeared, at the very commencement, to be inevitable.

## REVIEW.

*Liebig's Animal Chemistry.*

*Liebig's Agricultural Chemistry.*

*Mulder's Organic Chemistry.*

*Simon's Organic Chemistry*—Sydenham Soc. Translation.

*Fletcher's Rudiments of Physiology.*

Having given in detail so much of the views of Liebig as we deemed necessary, in order to state our objections to certain of his chemical theories and physiological applications, we proceed, as homœopathists, to inquire as briefly as possible into the real value of organic chemistry as a means for the advancement of physiology. We say as homœopathists, for by the very truth of the homœopathic principle we are enabled to regard the subject in a light to which no mere physiologist, ignorant of the Hahnemannic doctrine, can pretend.

We maintain, at the outset, the claim of Homœopathy to form an indispensable part of the advancement of physiological, and ultimately even of chemical, science. We consider that ignorance of Homœopathy is, at this day, simply ignorance, in the eye of pure science, which admits no such excuses for want of knowledge as prejudice, novelty, and such like. Science does not regard every unknown *thing* as either magnificent or absurd, but requires that it should be investigated, and be either proved or disproved. As there is no material object too vast for consideration, so there is no object too minute for examination. Science compels all matter to be within her domain, all knowledge to be comprised within her circle, all facts that bear on the subject under investigation to be tributary to the processes of her laboratory. She recreates herself with the telescope, but the microscope is also her familiar instrument. She breathes a pure and serene air, and is not disquieted by heat or passion, and exacts of her loving sons that differences among themselves should be calmly discussed, and not be allowed to produce heartburnings and outbreaks of exasperation. It is in this spirit we unfold our views, and in this spirit we wish them to be received.

If we should attempt to define the boundaries or lines of demarcation of correlative sciences, for the purpose of shewing where one ends and another begins, we should find it difficult, if not impossible. One science dovetails so intimately with another, that, ascending from the mechanical properties of simple matter to the highest attributes of speech-articulate and thinking man, we are compelled to admit that, in the study of physical philosophy, we have divided the whole subject into separate parts, or what are called sciences, more for the sake of convenience than from any abstract consideration. It is in this way we understand the dependence of one science upon another, the intimate connection between them, and the assistance one confers on another. Thus in physiology light is thrown on the function of an organ, or the properties of a tissue, by the changes that occur during disease; and our conception of the forces that influence the vital economy, is aided by a consideration of the action of the therapeutical agents which, on the one hand, disturb the normal action in health, and, on the other hand, restore that action when perverted or changed by the morbid process.

From an acquaintance with mechanical philosophy, the laws of capillary attraction, and its modifications *endosmose* and *exosmose*, the effects of certain media in refracting the rays of light, &c., we attain the knowledge of the mechanism of locomotion, the explanation of certain aids to the process of circulation, and correct views of the parts the various humours of the eye take in vision. Facts in mechanical science are thus made subservient to the physiologist; but while he accepts this aid, he does not attempt to explain vital actions on mere mechanical principles. The just use of such facts, however, did not always prevail, and we find from the history of medicine that, about a century and a half ago, attempts were made to explain diseased processes on purely mechanical principles.

The importance of a knowledge of chemistry to a physiologist cannot be questioned. Chemical elements in certain forms of combination are applied to a living surface, the chemical combinations are changed; the elements enter into new forms, they constitute living tissues. They cease to be so, and are ex-



pelled in another form, different from what they were in their two former conditions. The physiologist sees this; he inquires sedulously into the facts, and finds, in this case also, that actions other than chemical have certainly taken place.

It is thus that a physiologist may be said to occupy a higher ground than a mechanical or chemical philosopher; his mind, less impressed with specialties, in an eclectic spirit, seizes the truths of both sciences, and legitimately applies them. It is exactly the reverse with the philosophers of either school, when they rush into the arena of physiological contest.

The homœopathist, again, cultivates, no less assiduously than the mere physiologist, the facts which all the sciences accessory to medicine bring before him; with his principle, *similia similibus*, he has a fixed basis on which to build his system of therapeutics; and he endeavours, from his practical acquaintance with the fact of the medicinal action of infinitesimal doses, to illustrate and confirm certain physiological doctrines, and their pathological sequences. He does not shut his eyes to the advantages chemistry presents in elucidation of the way in which certain compounds act as nutriments; he recognises the importance of the analysis of the excreted fluids as diagnostic of various diseased conditions; but he denies that such knowledge is the all in all essential of physiology; and thus he stands in opposition to the dogmas inculcated by the chemical school of physiologists.

The medical men of the present day seem, for the most part, disposed to attempt an explanation of all physiological and therapeutical processes by means of our improved chemistry. This may, by some, be supposed to be a characteristic of the modern medical science; but the same idea prevailed, germ-like, in the time of Hippocrates; for even then the cause of disease was supposed to lie in the excess or deficiency of certain fluids, their acrimony, their coldness, or some other imaginary property.

The alchemists were led by their chemical investigations to push the doctrine a little farther; and, at a later time, the discoveries of Priestly, Lavoisier, and Cavendish, gave rise to endless theories to account for fever, consumption, sea-scurvy &c. If our enthusiastic chemico-physiologists were sufficiently acquainted with those theories, we should observe more n

desty in their zeal, and more discretion in their dogmatism. We find the mechanical physiologists in direct antagonism to this sect; but both are merely accessory to another school, the dynamic. John Brown, a much disparaged writer, but nevertheless a man of genius, first gave, crudely indeed, the statement of this theory, which is now followed by many of our best physiologists, who are, without acknowledgment, so far Brunonian. The dynamic doctrine acquired a vast accession of strength in Hahnemann, who, by the enunciation of the law, *Similia similibus*, paved the way for establishing on surer and more certain grounds the cruder theory of Brown.

In attempting to shew the insufficiency of the present mode of studying physiology and therapeutics on mere chemical data, we hope to make it plain directly, or by legitimate inference, that this insufficiency must be remedied by the acknowledgment of our two cardinal facts, the homœopathic principle, and the efficacy of the infinitesimal doses.

The researches of chemistry have established that, when an organised being has ceased to live, the constituents of the tissues are certain compound chemical bodies, azotised and non-azotised; the former embracing protein and its various modifications,—gelatine, biline, &c., and the product of its metamorphosis, hæmatine, urea, and uric acid, &c.; whilst in the latter are placed the animal sugars, fats, lactic and acetic acids, &c. As these can be separated with more or less ease from the dead tissues, and are found capable of combining with each other, or inorganic compounds, to form new substances, chemists have presumed that a great step has been made in physiological science, and that these compounds exist not only in the fluids of the body, which are certainly not organised, but likewise in the living tissues; and that they, in fact, in different proportions, combining in accordance with ordinary chemical laws, constitute the living tissue.

This opinion is entertained by the majority of chemists; but Berzelius, a notable exception, expressly states that in the living body the elements appear to obey, not modified, but altogether different laws. It is true that many of the chemists qualify their opinion by introducing the notion of a vital principle, as a something superadded to matter. They are driven

to this expedient, from finding that their merely chemical views are inadequate to explain the conditions of the organised tissues. They conceive that this said vital principle has the power of modifying, disguising, and directing, in new channels the ordinary chemical forces. A reference to the works of Chaptal, Prout, Thomson, Henry, and Liebig, will convince our readers of the truth of this statement.

Whilst engaged, in our last number, in examining the peculiar views of Liebig, as set forth in his work on Organic Chemistry, we had occasion to discuss the probability of the existence of this vital principle, and to state our reasons for not entertaining such a theory. We may, however, observe in this place, that it seems to us very unphilosophical to assume the existence of two causes for one effect; and that if this vital principle really exists, and has the power of so completely modifying the chemical forces that these cannot be recognised, we should be at liberty to infer their non-existence.

In opposition to the pure chemists, we have the opinion of very distinguished physiologists against the assumption of the existence of ordinary chemical operations in the living body. Thus Rudolphi states that chemists can only investigate the lifeless remains of organised beings, whilst Adelon speaks of chemical affinity, when contrasted with vital affinity, as “une force toute opposée” and makes the appropriate query, “Les molécules qui forment les solides du corps humain étant associées en vertu d’une affinité spéciale, dite vitale, et que les chimistes n’ont pas en main, comment ces chimistes pourraient-ils prétendre faire une analyse de ces solides? *Ils ne font que les détruire.*” Similar views are maintained by Barclay, Pritchard, Tiedemann, and indeed by almost all who are capable of forming an opinion on the subject.

“However true the doctrine of the existence of the proximate principles may be with respect to the inorganised tissues and fluids, it is more than doubtful with regard to the organised tissues, the chemical nature of which appears to be *sui generis*; but, nevertheless, such as to resolve them, immediately on the cessation of their vitality, into some of the compounds under consideration. The organised tissues have seldom or never even appeared to manifest, while still possessed of their vitality,

that globular structure which is said to be proper to albumen, fibrine, gelatine, and so forth ; and it has been noticed, from a very early period, of such tissues, that they resist, so long as their vitality lasts, the action of all those ordinary chemical agents, which operate with the greatest energy on their reputed proximate principles. Does water, either cold or hot, act in dissolving, or alcohol in coagulating, an organised membrane, which is, nevertheless, said to consist principally of albumen and gelatine ? Or does either water or alcohol display any solvent action on an organised nerve or muscle, which is still represented as containing ozmazome ? It is a distinguishing property of fibrine, that it undergoes spontaneous coagulation ; but no such coagulation takes place in muscles, which are yet represented as containing this principle, till they are deprived of their vitality, when they rapidly become stiff ; and it is to this cause, and not to the contraction of the muscles that is due the rigidity of the limbs which soon succeeds death, and continues till the putrefactive process has commenced. It is a process very similar to that of the coagulation of the blood ; the difference being, that the blood stiffens, owing to the retention by its fibrine, for a sufficiently long time, of its identity ; while the muscles stiffen owing to the development in them of fibrine which they did not previously contain. Again, various agents, which are most active in corroding certain animal tissues, when they have become disorganized, such as the hydrochlorate of mercury and the nitrate of silver, with respect to those which contain albumen ; oxalic acid, with respect to those which contain gelatine ; and nitric acid, with respect to those which contain fibrine, have no action whatever on the various tissues as long as they retain their vitality ; and even the gastric fluid, which so rapidly decomposes every kind of disorganized organic matter, and not unfrequently, after death, even the very surface by which itself was secreted, is totally inert with respect to such matters while still possessed of vitality. Hence seeds and small animals, such as leeches, tadpoles, &c., are well known to pass sometimes through the stomach and intestines of large animals, and parasites are known even to harbour there for an unlimited time, without sustaining the least injury ; nay, some small fishes, as

the Myxine—*gastro-branchus*—are said even to make larger fishes their prey by going down their throats; whereas, had their vitality deserted them, they would have been immediately digested. Lastly, what membrane, nerve, or muscle, while it continued in its organized condition, has ever run on to putrefaction? and which of the compounds, said to enter severally into their composition, is capable of resisting it, under the same circumstances? Have we not, then, a right to conclude that there is in reality no ready-made albumen, gelatine, or fibrine, in the organized tissues of animals, but only the same elements as these compounds contain, and even brought together (though not, chemically speaking, combined, as they are in them), by secretion, associated and held together by a power quite distinct from chemical affinity,—in a state of combination peculiar to living matter; and that it is only at the instant of the cessation of the vitality of each organized tissue, that these compounds, or reputed proximate principles, are formed—at that instant when the power called chemical affinity succeeds another power which may be called vital affinity, and by which it had previously been superseded, and common chemical compounds are all that is left of that organized mass into which the elements had before been associated?"

It is contrary to every principle, not only of philosophy but even of common sense, to admit the presence in any substance of a property which is never displayed by common chemical compounds, and, at the same time, the absence of all those properties by which alone such compounds are known; and still to affirm that the chemical nature of this substance and of these compounds is identical. Upon what circumstance, if not in the difference in their properties, can we at any time establish a difference in the nature of bodies? We know nothing of their ἑλὴ πρῶτα, nothing of any one of them abstractly; and if asked what is albumen, gelatine, fibrine, and so forth, what can we say but that each is something which has such and such characteristics, and which, when acted on by certain re-agents, manifests such and such phenomena? It is a mere truism, then, to say that organized tissues which have other characteristics, and which do not exhibit the same phenomena under the same circumstances, cannot be of the same

nature as they are. If this be admitted, it will be evident how erroneous must be the doctrine which regards the globules (said to be found, at least, after the cessation of their vitality, in the several organized tissues, and which, if they exist at all, are merely particles of albumen, gelatine, &c.), as organic elements or molecules, and inculcates that it is directly in them that the aptitude for life or vitality resides. The really organic elements or molecules are probably never for one instant the same under ordinary circumstances, that is to say, while the organized being possesses not only the aptitude for life, but manifests life itself,—and are certainly such as to have entirely eluded, hitherto, all our attempts to overtake them.\* There has, nevertheless, been generally evinced the utmost unwillingness to admit that organized matter is, in its chemical nature, distinct from that which is inorganized, and that it is held together by a power distinct from common chemical affinity. Any compromise has been preferred to such an admission; and endless modifications by the supposed vital principle, of a chemical nature, presumed to be common to all kinds of matter, and of a power supposed to be in universal operation, have been accordingly proposed by chemists to account for the peculiarities of organized matter; nor have they perceived that the proposed modifications are such as not merely to qualify the supposed common nature, but to exclude it, and establish a proper one in its place, and not merely to temporise with this common power, but to admit a proper one to counteract and supersede it. Organized matter, as, on the one hand, possessed of properties which have no parallel in such as is inorganized, and, on the other hand, destitute of those properties by which the latter is characterised, must be considered as quite distinct from it; and chemical analysis, accordingly, must be regarded as useful in shewing us, not what such matter *was* composed of while it possessed vitality, but what it *is* composed of afterwards.†

Such are a few of the arguments adduced by one of the most original and philosophical of English physiologists, the late

\* Ehrenberg.

† Fletcher's Physiology, p. 129.

John Fletcher, against the present chemical doctrine of the existence of the so-called proximate principles in the living solids. This view is further extended to the fluids of the body by Schultz, who states that neither fibrine nor serum exist as such in the blood ; serum being formed as a chemical product during coagulation, while the fibrine is the product of a vital power during the death of the blood. However absurd the latter mode of expression may be, it is, nevertheless, sufficient to shew that the general feeling of all those who have really studied physiology, is against the adoption of any purely chemical explanations of the processes carried on in organized beings.

The researches of modern structural anatomists, Schleiden, Schwann, and Goodsir, on the development of the being from the primary cell, afford fresh arguments against the chemical theories. Mulder, himself, certainly one of the most scientific of the chemists, becomes involved in contradictions when describing the cellular structure of plants. He admits the identical chemical composition of one cell with another, and their identity of appearance, but states that their functions may be and are different ; while he, at the same time, denies the existence of any modifying force.

According to these anatomists, a primitive cell absorbs from the blood in the capillaries the matters necessary to enable it to form, in one set of instances, nerve, muscle, or bone, if nutrition be its function ; and, in another set of instances, milk, bile, urine, if secretion be the duty assigned to it. Furthermore, that it is in virtue of a peculiar and specific force resident in each cell, that it not only selects and absorbs, but also, in some instances, elaborates from the same common material the particular secretion of which it is the immediate organ.

The strong analogy noticed by minute anatomists between the structure and function of the primitive cells and of the embryo, tend to remove the most simple processes of nutrition and secretion further and further from chemical processes.

The process of digestion, too, is described as consisting of a series of two groups. The first group consists of two purely chemical operations, which take place exterior to the organism,

namely, chymification and chylification; the second group of the absorption of the nutrient matter by the cells of the villi of the intestinal canal—and here the researches of the chemist come to a close. The matter, formerly a chemical compound, *chyle*, is now, by the change of situation, submitted to a new agency, and becomes a vital compound, *blood*.

The truth is, that a careful investigation of this subject, and perusal of the authors who have written on it, so far from bringing us, as physiologists, nearer to chemical views, has the inevitable tendency to lead us farther from them, and to convince us that the very simplest processes in secretion and nutrition (whatever faint analogies they may present with certain facts in chemistry), belong to a class of phenomena under totally different and even opposite laws. We admit that no metamorphosis of tissue or secretion can take place without certain changes being effected, wherein new substances are formed. But that the changes themselves are chemical in nature we feel constrained to deny. The chemist may be perfectly competent to trace the progress of his fibrine, albumen, &c., through the processes of digestion; but the moment these compounds enter the organism, they cease to be fibrine, albumen, &c., but become, as the case may be, the integrals of a tissue endowed with specific vital properties, not the least wonderful of which is the power of producing new tissues, identical with itself, or even independent existences. The prying eye of the microscopist cannot detect the series of changes that here take place in organized matter; and the powers of the chemist are at fault, until the material, which he traced as entering the being in the form of a protein compound, is again excreted as urea, bile, or some other such chemical compound.

Having said thus much, on physiological grounds, of the objections we hold to the chemical doctrine, we might hint to the chemists themselves the propriety of their being more cautious when they theorise on physiology, especially as there seems to be no oneness of idea as to the certainty of what they term proximate principles being really such. The history of chemistry during the last hundred years has shewn the mutability of chemical theories. The phlogiston



doctrine of Stahl held sway for a considerable period, till it was supplanted by the oxygen doctrine of Lavoisier, which, in its turn, gave way to the improvements suggested by Davy and Berzelius. A few years ago, we were acquainted with many azotised proximate principles of nutrition, three of which were stated to be distinct,—albumen, fibrine, and caseine. By and by, they were discovered to be isomeric; now they are stated to be composed of certain quantities of proteine with various quantities of phosphorus and sulphur. But we are not allowed to rest even here, as we are again told that *leucine* must be regarded as an integral portion of protein.

With all deference, then, we conceive that the chemists, before they tell us what is the composition of the living tissue, should settle among themselves what really is the radical of the dead one; and, even when they have made up their minds on that subject, we should reserve to ourselves the right of assuming that this dead radical is but the chemical result of a previous vital one. All difficulty as to the probability of such a supposition is removed when we know that, even in inorganic nature, numerous isomeric bodies exist, endowed with very different chemical properties.\*

So far, then, as we have gone, reasoning physiologically, we believe we are quite correct in stating, that chemistry only

\* “Experiment has demonstrated the existence of numerous compounds, both containing nitrogen and devoid of that element, which, with the greatest diversity in external characters, yet possess the very same composition in 100 parts; nay, many of which even contain the same absolute amount of equivalents of each element. Such examples are now very frequent, and are known by the names of polymeric and isomeric compounds.” Liebig gives some example of such compounds, of which we may notice “aldehyde, a combustible liquid miscible with water, which boils at the temperature of the hand, attracts oxygen from the air with avidity, and is thereby changed into acetic acid. This compound cannot be preserved even in close vessels; for, after some hours or days, its consistence, its volatility, and its powers of absorbing oxygen, all are changed. It deposits long needle-shaped crystals, which, at 212°, are not volatilized, and the supernatant liquid is no longer aldehyde. It now boils at 140°, cannot be mixed with water, and, when cooled to a moderate degree, crystallizes in a form like ice. Nevertheless, analysis has proved that these three bodies, so different in their character, are identical in composition.”—Liebig, p. 103.

begins where physiology ends. We shall now endeavour to inquire how far we should be led to the same conclusion, from viewing the subject through the medium of the homœopathic principle of therapeutics, and the doctrine of infinitesimal doses. If our conclusion should be the same in this case also, it will greatly strengthen us in our practice.

In entering on this division of the subject, we must clearly understand, and constantly bear in mind, the distinction between the chemical and dynamic action of substances, and especially the relation which *quantity* bears to each respectively. Thus, in speaking of the chemical action of any substance, *quantity* is, so to speak, an essential element; for example, if the action of an alkaline or earthy substance is explained by the supposition that it neutralises some pre-existing acid, of course it could not do so unless it was given in a *quantity* corresponding to the quantity of the offending acid. What we term the dynamic action, on the other hand, is the action of the properties of matter on a vital percipient; and though, doubtless, it has some relation to the quantity of the matter, yet that is so much out of proportion to the power of the action, that for all practical purposes it may be considered purely qualitative.

Homœopathy, therefore, by its doctrine of infinitesimal doses, offers, in many cases, an infallible touchstone of the value of chemical theories, by shewing that the *quantity* was insufficient; and in other cases by its principle, *similia similibus*, it shews the falsity of other chemical theories, even when sufficiently large doses were employed.

The attempts which have been made to apply the speculations of chemistry to the elucidation of pathology and therapeutics, have been no less frequent than those made to explain the processes of nutrition and secretion. A volume might be filled with the hypotheses which have been framed to explain the production of disease by the superabundance or deficiency of certain chemical principles. Thus, scrofula has been considered by Parr to be the result of an excess of albumen in the blood. Burrows attributed albuminuria to the same cause, and the efficacy of neutral salts, in such a case, to their faculty of dissolving that compound. Croup, according to Mason

Good, depends on an excess of fibrine, and is therefore, according to Parry, to be cured by copious dilution. Dr Hume Weatherhead ascribed rachitis to too acid a state of the blood. Last, but not least, in our enumeration, Liebig explains the actions of miasms on the organised being, on a presumed analogy between them and yeast and other catalytic agents.

Of the mode of action of therapeutic agents, we are told that astringent medicines act by tanning the gelatine of the several tissues; that Soda is beneficial in bronchocele, because it forms a soluble salt with the oil in the enlarged thyroid; and Murray gravely tells us, in his *Materia Medica*, that Mercury acts as a sialogogue, from its affinity to the muriatic acid of the saliva, whereas, had it gone off by the urine, it could only have formed an insoluble phosphate. Liebig assures us, that a salt produces thirst from the great affinity it evinces for water, abstracting this from the coats of the stomach; and that, not being absorbed, the saline solution continues its course along the intestinal canal, still attracting more water, until it produces purging from its bulk by dilution. Yet Chloride of Calcium, which has a greater affinity for water than any other salt, checks purging, except when it is given in poisonous doses. He further states, that hydrocyanic and hydrosulphuric acids produce their bad effects, from their action on the iron in the blood, free alkali being present. Unfortunately, however, for this last explanation, hydrocyanic acid, when introduced into blood, brightens the colour, and the blood globules remain uninjured. Nor can any change be detected in the blood of animals poisoned with this agent. We also find Enderling, a pupil of Liebig, stating, that no free alkali exists in the blood, the alkaline reaction being produced by tribasic phosphate of Soda. Magendie, again, cautions us against the use of the alkaline carbonates, as these are likely to produce passive congestions and œdema of the lungs, from their retarding the coagulation of the blood.

It would be endless, however, to proceed with instances of the presumed chemical action of therapeutic agents on the tissues or fluids, by authors of the present or of past times. We proceed, then, at once to shew, that though in cases of

poisoning by mineral agents, chemical compounds may be formed by these with the tissues they had already destroyed, no such thing does ever really take place whilst the organism continues extant; and that, consequently, the effect of medicines is to be viewed in the light of the action of a property possessed by the medicinal agent, on a vital percipient, (or, in other words, on another property, which is resident in the tissue). Nor can we come to any other conclusion than this, for if the action of medicines were chemical, no effects, or at least no perceptible ones, would be produced on disease by the homœopathic dilutions. A few instances of the action, even in infinitesimal doses of medicines, which in larger doses have been presumed to act chemically, will shew that this conclusion is correct.

Vegetable Charcoal has been exhibited internally by allopathic practitioners, in various affections of the alimentary canal, such as dyspepsia, cardialgia, diarrhœa, and dysentery. The beneficial effects of this substance are believed, by Pereira, to result from its chemically correcting the vitiated secretions from the stomach and bowels. We, however, who know the excellent results of a billionth, or even a quadrillionth, of a grain of this medicine in the above mentioned diseases, can positively declare, that Pereira's explanation of its *modus operandi* is far from being the true one.

Carbonate of Potash, is recommended by Laennec in chronic bronchitis, as useful, from its alkalinity, in dissolving the inspissated mucus that is in the bronchial cells; but the effects of Kali carbonicum, of our sixth dilution for instance, in certain forms of this disease, are familiarly known to all homœopaths; so that, however it may act dynamically, it cannot be supposed to act in any other manner.

Phosphoric acid has been much vaunted of by the followers of the chemical school, as a remedy to check the caries of bones. They imagine that this morbid process depends on a deficiency of phosphoric acid, which, therefore, they give to remedy that deficiency. But we know that its chemical action in such a case is as 0, from our knowledge that it acts efficiently, in that disease, in our homœopathic doses.

Again, the alkalies, when taken for some time in consider-

able quantities, produce a cachexia, closely resembling sea-scurvy, thus described by Pereira: "The digestive function becomes disordered, the appetite fails, the blood becomes thinner and darker coloured, and loses its power of spontaneous coagulation when drawn from the body." This scorbutic disease, he says, when it results from the abuse of alkalies, may be cured by the administration of the vegetable acids, these serving to neutralise the superalkalinity of the blood. But we are aware that potash makes but a short stay in the organism, being very speedily excreted by the kidneys, and that an identical or analogous state of the system, when occurring from other causes, is frequently cured by Ammonium in homœopathic doses. The ammoniacal salts cause a scorbutic state, and dissolve the albuminous element of the blood, and have been, therefore, supposed to be useful in inflammations by destroying the excess of fibrine; but their action in infinitesimal doses is fatal to that theory; as also the homœopathic action is fatal to any chemical theory of their action in typhoid affections.

In typhus, the exhalations from the skin, the stools, the urine, and the blood, are said to be ammoniacal; but even the chemical school, in such a state of things, does not prescribe acids, as they should do according to their theory, but ammonia itself, being fain to admit that this substance is used because it is an excellent diffusible stimulus; whereas, we homœopaths use this medicine, in similar circumstances, on our own principles.

Sulphuric Acid is given in pyrosis, because the secretion in that disease is alkaline, and often with good effect; but it has succeeded, when we have used it for the same affection, in millesimal doses. We must, therefore, look for some other cause of its curative effect than the chemical power it possesses (which can, at best, only be temporary) of chemically neutralising an alkali.

We use Nitre as an excellent homœopathic remedy in hæmoptysis: some of the chemical philosophers recommend it also in such a case; but since the chemical effect of this salt on the blood is stated by them to be "a diminution of the plasticity of the blood, by its chemical action on the cruor and

fibrine," we cannot understand how they account for its efficacy in suppressing a pulmonary hæmorrhage.

Without multiplying instances, we may mention Mercury, the medicinal action of which has given rise to numerous chemical speculations. It has been said at one time, by its chemical qualities, to neutralise the syphilitic virus; at another time dissolve the cruor of the blood, and prevent the effusion of coagulable lymph in iritis, croup, &c., and to diminish the plasticity of the blood, and the tendency to the formation of the buffy coat in acute rheumatism. Unfortunately, for such theories, we know that its neutralising power does not depend on the quantity swallowed; and its dissolving power in the inflammatory class of diseases is problematical, when we consider that it actually produces the buffy coat and fibrinous effusion, when taken under other circumstances.

Physiologists, however, and therapists who are really philosophical, have long arrived at a conclusion, adverse to the views of the chemist, as to the *modus operandi* of the various medicinal agents; and their opinion derives weight from the facts of Homœopathy. The plan of administering these substances in doses so small that their existence is inappreciable to the senses, was arrived at in a way purely empirical; and a practice which, from all *à priori* reasoning would be thought absurd, only received the sanction of Hahnemann and his followers when experience had indisputably shewn the efficacy of such minute quantities. Millions of cases, since the first announcement of this method of practice, have exhibited its truth; and when a purely observational science, like Homœopathy, contradicts inferences drawn from vague analogies, and speculations founded on isolated facts, we may assume—whatever be the array of names in their favour—that they are bubbles, only blown out to be speedily dissolved.

Homœopathy, however, has brought under our notice many interesting circumstances, in a chemical point of view, to which we are without any clew. We allude to the very interesting fact, that many substances, which we are in the daily habit of consuming in appreciable, and even in considerable, quantities (such as lime, iron, phosphorus, &c.), and which exist in the food in a state of chemical composition with its elements, do,

nevertheless, when taken, even in infinitesimal doses, produce marked effects in the organism. The probable explanation of this fact is, that (when taken in the food) no dynamical action on the tissues is manifested, from these substances not being in the elementary state, and so not possessed of their peculiar properties. Thus we know that Sulphuric Acid is in Sulphate of Lime, though this compound does not manifest the properties of the acid.

As respects those substances which form an integral part of the organism, the chemical or quantitative action may be termed *nutritive*, while they have also their *dynamic* action in common with all other agents. These two actions have no apparent connection with each other; but the curious and mysterious fact is, that in some cases these two apparently quite diverse actions seem actually to coincide. As, for example, when infinitesimal doses of Phosphorus or Calcareo are useful in rickets, or of Iron in chlorosis.

Some circumstances connected with the nutrition of plants, and mentioned by Liebig in his *Agricultural Chemistry*, would appear to throw some light on this subject. Thus the seeds, and the stem around the buds, contain a supply of starch, sugar, and gum, the chief nourishment of the plant, and which serve for it till the leaves grow, whose province it is to assimilate nutriment from the carbonic acid and the ammonia of the atmosphere. Now, if, after the growth of the leaves, the starch, gum, &c., be still supplied to the plant, then the vital functions of the leaves must cease, and the plant would probably die. In animals the blood is the source of all the rest of the body; but its own assimilation is a function of great importance, and, therefore, if we destroy it by injecting ready-made blood into the veins beyond a certain extent, death ensues. Now, though we cannot see how iron, given in a dynamic dose, can restore the assimilative function, whose duty it is to present iron to the hæmatine, &c.; yet we have one step towards the explanation of the homœopathic principle, when we can shew how, in all probability, it is that excess of iron which produces a precisely similar state of the system to that caused by its deficiency. The organism in the latter case is in the same condition as the plants, when excessive nutriment is pre-

sented to them; and as, in the latter case, the function of the leaves ceases, so, in the former, the iron assimilative power becomes suspended, and the individual presents all the signs of anemia.

This furnishes also another strong argument from Liebig himself, shewing that the functions essentially connected with the nutrition of organized beings cannot be considered as merely chemical, otherwise their partial interruption, from the saturation of any particular element or compound, could only produce stoppage of that particular action for the time being, and never could entail disease and death on the whole individual—terms which, from their very nature, are only applicable to living beings.

Before leaving this branch of the subject, we may notice incidentally, that Homœopathy throws some light on the question of the action of medicines being sympathetic, and not through absorption, at least so far as their specific therapeutic effects are concerned. Not that we mean to deny, that most medicines are absorbed and carried into the general circulation; but we hold that it is not essential that a medicine should, before it can act, pass into the blood. The very circumstance of the infinitesimal doses being efficacious, is the strongest presumptive evidence that these medicines, so given, act through sympathy; and, moreover, the accurate provings of the medicines shew it also, for, if muriatic acid acted through the blood, then it never could produce any specific dynamic effect at all, but those of muriate of soda, for it would be immediately neutralized. The same reasoning applies to many other substances, such as the acetates, &c., which are changed into carbonates.

A no less interesting question to the medical theorist is—What actually becomes of the portion of matter, small though the quantity be, in which the dynamic properties of a remedy reside? In the present state of our knowledge, no definite reply can be given to this question; but if we might judge from what takes place after metallic and saline substances are swallowed, we may presume that all substances incapable of assimilation are, in a very short space of time, expelled from the organism. Many of them thus excreted have undergone



no chemical changes. A remarkable instance of this kind is exhibited in the Iodide of Potassium, which may be extracted from the urine in 15 minutes after its ingestion, and might, with very little trouble, be again and again applied to the organism, until its full therapeutic effects were produced ; and the same plan pursued towards a healthy man would end in the production of a true poisoning. This experiment, supposing it were performed, would furnish a fact that would incidentally militate strongly against any chemical doctrine ; for it is only within the bounds of possibility, that a chemical action, supposing it to exist, should be *catalytic*, though the probabilities all tend to shew that no chemical action has taken place in the case of this salt, otherwise a corresponding change would have taken place in its composition.

It is not our intention, however, to weary our readers with the construction of hypotheses to account for the mode in which medicines act dynamically, or to presume a knowledge of the changes that take place in the living fibre, on the application to it of specific stimuli. Our object has rather been to overthrow a system for which an unmerited position has been assumed, than to present hypothetical conjectures of our own.

We may, however, be permitted to inquire, what pathology, physiology, and therapeutics, have actually gained from chemistry ? In truth, nothing *directly* ; for it is not to the chemist we owe the knowledge that every motion is dependent on a change of matter, and is proportional to the amount of that change : for physiologists have long known that a certain weight of matter was lost, and had to be supplied by nutrition. The chemist has merely pointed out a little more accurately the limits of the forms under which matter must pass into and out of the organised state ; but there is an interval between the passing from one state to another, of which we can have no cognizance. Matter is under totally different laws in that interval, and, small though it be, it constitutes *the whole of life* ; and the tissues, when we again meet with them possessing chemical characters which we can recognise, are no longer in the same state, nor obeying the same laws, as in the living body. Furthermore, so far as the changes of matter take

place in the body, the physiologist has been even more special in defining what kind of vital matter has been consumed in each vital action. The late illustrious Fletcher, especially, has devoted much of his work (the Rudiments of Physiology) to the examination of this very question. The researches of the chemist have, indeed, been useful, *indirectly*, to physiological science, in as far as they explain the manner in which certain errors of diet and regimen produce disease, and help to explain certain *secondary* phenomena, consequent on defective assimilation, which occur in disease, whose origin is, nevertheless, *primarily*, wholly dynamic. Even in these cases, they can scarcely give any hints for the administration of appropriate remedies, nor in the vast majority of diseases can they give any manner of information as to the causes that may have produced them.

The mere chemical condition in which matter is, immediately before passing into the organised state, and the character it may present immediately after it has passed out of that state, are, no doubt, worthy of the greatest attention. It is, certainly, desirable to acquire the knowledge of these conditions, but however interesting he may admit them to be, the physiologist can still only regard them as of secondary importance—only, in fact, a degree more important than the putrefactive and fermentative processes which previously organised matter undergoes, and which processes are but farther stages of the resolution of that matter into its ultimate elements.

What little, then, as a whole, medicine has gained from the cultivation of chemistry, may be said to consist chiefly in the aid it affords in forming an improved Hygiene, and a more perfect Etiology. But it has not yet thrown, nor is it likely ever to throw, any light on specific therapeutics. As homœopaths, we have to pursue, for the advancement of practical medicine, the path chalked out for us by Hahnemann; and it is from a close observation of the specific effects of medicinal agents on the body in health and in disease, that we must expect a further development of pathology. While we consider the present state of allopathic practice, and the vacillations of those that pursue it, blown about, as they are,

by every wind of doctrine, chemical or what not, we may, indeed, felicitate ourselves on the steady improvement we continue to make, while we pursue the Hahnemannic mode of investigating practical therapeutics, guided, as we are, by the sure law of a principle founded on the observation of the *concrete* phenomena of the living body. By keeping this truth, as a beacon, constantly in view, the homœopathist is saved from the risk of being led away by false lights, or of being distracted by vague theories, founded on the observation of merely accessory phenomena, which can only lead to partial and imperfect results.

In our rapid summary, we have been able to do little more than glance at a vast field of inquiry ; but we think we have shewn that the chemical school, at present in general favour, has truly failed to throw light on the way in which therapeutical agents work, unseen, their beneficial results. Nor can we dissociate therapeutics from pathology and physiology. On these three, that must ever exist in close relation one to the other, like the Greek trilogy of old, this vaunted and self-exalting chemical school has conferred no essential benefit.

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#### HAHNEMANN'S MONUMENT.

We have received from Dr Rummel of Magdeburg, an acknowledgment of the receipt of the L.68 sent from this country to aid in the erection of Hahnemann's monument. We shall give his letter entire :—" The amount of subscriptions received, up to this time, is 4584 dollars. Considerable sums are still expected from various places, viz., Berlin, Moscow, and Munich, so that we shall soon have five thousand dollars. Still the sum is not nearly sufficient, if the monument is to be worthy of Hahnemann, and if the design of founding an institution for the advancement of Homœopathy is to be carried into execution. In the mean time, such an institution as we contemplate has been called into existence by the legacy of 1000 dollars of Mühlenbein, so that, in the future, the two establishments will complete and support each other. We appeal to all who

recognize in Homoeopathy an advance in the true art of healing,—to all who have experienced the beneficial effects of Hahnemann's doctrines in their own persons,—with the most urgent request to support this undertaking with subscriptions, be they large or small, and to let the money be forwarded to Magdeburg."

We subjoin a full and corrected list of the names of the subscribers in Britain:—

Dr BLACK, Edinburgh, . . . . .	L.3	0	0
Mr CAMERON, London, . . . . .	2	2	0
Dr CHAPMAN, Liverpool, . . . . .	3	0	0
Mr CHARLES, London, . . . . .	2	2	0
W. A. CULPEPPER, Esq., do. . . . .	1	0	0
Dr DUNSFORD, do., . . . . .	2	2	0
Dr DRYSDALE, Liverpool, . . . . .	3	0	0
Dr DUDGEON, London, . . . . .	2	2	0
R. DUDGEON, Esq., Liverpool, . . . . .	5	0	0
Dr ENGAL, London, . . . . .	1	1	0
Dr FEARON, Birmingham, . . . . .	1	1	0
Dr GILIOLI, London, . . . . .	2	2	0
Miss GARDNERS, Cheltenham, . . . . .	3	3	0
Dr GOODSHAW, Dublin, . . . . .	1	0	0
Dr HAYLE, Newcastle, . . . . .	1	1	0
Mr WILLIAM HEADLAND, London, . . . . .	2	2	0
Professor HENDERSON, Edinburgh, . . . . .	2	2	0
Mr HERING, London, . . . . .	2	2	0
Dr IRVINE, Leeds, . . . . .	3	3	0
Captain IRVINE, do. . . . .	1	1	0
Dr LAURIE, London, . . . . .	2	2	0
Dr LAURIE's Friend, . . . . .	1	1	0
Dr LINCHINSKI, Edinburgh, . . . . .	1	1	0
Dr LUTHER, Dublin, . . . . .	3	3	0
Dr GUSTAV LUTHER, do. . . . .	3	3	0
Dr MACKINTOSH, Torquay, . . . . .	1	1	0
Dr MACLEOD, Edinburgh, . . . . .	1	1	0
Dr MADDEN, Brighton, . . . . .	2	2	0
Mrs MUSTON, Bengal, . . . . .	1	1	0
Dr MAYNE, London, . . . . .	1	1	0
Mr GEORGE NEWMAN, Glastonbury, . . . . .	1	1	0
Mr NEWPORT, . . . . .	2	2	0
Dr OZANNE, Guernsey, . . . . .	1	1	0
Dr PARTRIDGE, London, . . . . .	2	2	0
Dr E. PHILIPS, Manchester, . . . . .	2	2	0
Dr QUIN, London, . . . . .	10	0	0
Dr R. RUSSELL, Edinburgh, . . . . .	3	3	0
Dr TROTMAN, Bristol, . . . . .	1	0	0
Dr WALKER, Manchester, . . . . .	2	2	0
Dr WIELOBYCKI, Edinburgh, . . . . .	2	2	0
Mr WOOD, . . . . .	2	2	0

The remaining sum, which was not received until after we had sent away the L.68 acknowledged by Dr Rummel, will be transmitted by an early opportunity.

## HOMŒOPATHIC INTELLIGENCE.

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### THE PRESENT STATE OF HOMŒOPATHY IN GENEVA.

(From our Correspondent in Geneva.)

The Faculty of Medicine of Geneva reckons about 28 physicians and 15 surgeons. Out of these 43 practising men, 4 have openly adopted Homœopathy. This is a fact worth mentioning, if we consider all the opposition made to Homœopathy by the old school, and the constant and disagreeable contact into which the four homœopathic physicians must daily come in so small a sphere of practice. It is not as in large towns, where practitioners seldom meet, and only know each other by name; but in a place like Geneva, where everybody knows his neighbour, and every medical man all the others, and where, until the introduction of Homœopathy, no division or discussion ever entered the Faculty of Medicine, it was as unexpected as new to see four medical men adopting Homœopathy.

When that system was first introduced into the country, it was laughed at, or looked down upon with contempt. The Genevese character cannot allow any division to enter into any club or committee. Geneva is altogether composed of these "sociétés" and "comités," like so many little worlds, each living for itself, and never joining with the others.

So things continued for a time, till a third physician, and then a fourth, publicly adopted Homœopathy. The faculty became alarmed at the schism extending itself more and more, and one of the new converts was summoned, and kindly advised by the senior members to give up such a ruinous mode of proceeding, not to publish his private and exaggerated views, but to practise them privately and in secret; as if a public man, who acts upon any sound principle whatever, could do it in private and in secret! The homœopathic physician, not yielding to those recommendations, was advised "not to appear in the Medical Society," of which he is a member; which counsel was followed up, by considering him as being no longer a member of it, and cards of convocation were not sent to him, though he repeatedly expressed the wish to retain his place. But the "Société de Médecine" had concluded that a homœopathic member ought not to appear amongst them. In spite of this, the progress of Homœopathy increased daily. The two senior practitioners, Dr Peschier and Mr Chint, continued to see the number of their patients go on increasing, as it had done since they first began many years ago. The increasing success of the two junior members exasperated both the physicians and the apothecaries. At Geneva there is no homœopathic apothecary, and each homœopathic practitioner

is obliged, as in many other countries, to have his dispensary, and to prepare the remedies himself.

The Faculty then met to re-examine the law concerning the practice of medicine, surgery, and pharmacy, in the Canton of Geneva. A commission was named, composed of physicians, surgeons, and apothecaries, of whom not one was a homœopathist; on the contrary, one of the homœopathic physicians was, very cleverly, made secretary of the Faculty at the same time, in order that he might not be able to speak; and, without ever consulting any homœopathic member, a law was passed, by which "No one can prepare, or make, dispense, distribute, give, or sell, in any way, anything to be used as a remedy, or any remedy, but apothecaries;" thus putting a full stop to the practice of Homœopathy at Geneva. For, as there are no homœopathic apothecaries in the town, and none will ever be allowed, and as the allopathic apothecaries cannot prepare homœopathic remedies, Homœopathy is, by this law, very ingeniously and insidiously put down.

The law was brought forward, at the beginning of the present year, before the "Grand Conseil;" and, after many discussions, passed, was published, and was enforced on the 1st of July last. This new law, however, did not pass without exciting remarks amongst the few men, besides the physicians and apothecaries, sitting in the council, capable of judging of all its consequences. Some members rose and spoke firmly against "so iniquitous a measure not admissible as a law," but the majority carried it.

This, of course, will check Homœopathy for a while at Geneva. The homœopathic practitioners prepare to weather the storm, and will undergo the penalties of a law which cannot long exist, and will, as many other similar measures taken in that free country against the liberty of conscience, fall into desuetude. Homœopathy will, in the end, before some months perhaps, do, as persecuted and oppressed religious opinions have done long ago, within the same walls, gain the victory at Geneva, as in every country where measures had been tried in vain against it. Those medical men who remain at Geneva will see the triumph of the truth, against which the present triumph of its enemies will be of very short duration. Had not the practice of Homœopathy of late increased rapidly, such a law would never have been made by allopathic physicians and apothecaries against it; and the law not having been made more openly and pointedly against Homœopathy, shews that they had reasons to fear that they would not be able to withstand the opposition of a large portion of the nation. There are petitions, however, in readiness against such a measure, and about 6000 to 7000 signatures will be attached to them in favour of Homœopathy—a large number for a small place like Geneva, which has not 30,000 inhabitants.

## HOMŒOPATHY IN SPAIN.

Extract from a Letter from Dr Perry of Paris to Dr Irvine of Leeds.

“Dr Nunez, a Spaniard, and an eminent homœopathic physician in Bourdeaux, was so remarkably successful in his practice during a visit that he paid to Madrid, that many medical men became converts to Homœopathy; and when he left that town this system was in a fair way of spreading, not in Madrid only, but in various other Spanish towns. Two years after his return to Bourdeaux, information was sent him that the students he had left were in a very critical situation, some charlatans having done much injury to Homœopathy by various experiments they had made, and the true disciples being afraid, in consequence, boldly to pursue a system which had got into such discredit. On receipt of this intelligence Nunez immediately set out for Madrid, raised the flagging courage of the Homœopathists, attacked and exposed the false professors of it, effected a number of cures in both acute and chronic cases, and even made some public experiments in the hospitals. From the success which attended these, as well as from the various discussions held, five of the professors were brought over, who, of course, in their turn, also proclaimed Homœopathy. A discussion on the doctrines of Hahnemann being opened by the Academy of Medicine, the students, to the number of 500, cried out at the close of the meeting, ‘Long live Homœopathy;’ and requested that it should be taught them. Some refractory agregés succeeded, however, in raising an opposition to Nunez, but the minister immediately dismissed four of them, declaring thus either his liberal views, or, better still, the favourable manner in which he is inclined to look upon the claims of Homœopathy.”

[The principal facts mentioned above are confirmed by Dr Bönninghausen, who is in correspondence with Nunez. (See Neues Archiv, i., p. 98.) He also mentions that Nunez has made a valuable convert in the Dean of the Medical Faculty at Barcelona.—F. W. J.]

## MISCELLANEOUS.

GRADUAL ADOPTION OF HOMŒOPATHIC REMEDIES BY THE  
OLD SCHOOL.

We have great pleasure in laying before our readers the following article, which we translate *verbatim* from the Austrian Weekly Journal, as it holds out a very encouraging prospect. It is entitled, “On the Extract of Belladonna in Inflammations of the Throat, by Dr Popper, County Physician at Winterberg.”

The numerous indisputable testimonies of many rational and experienced homœopathic physicians, especially regarding the treatment of in-

inflammation of the throat, induced many, several years ago, to make use of a remedy much recommended by them in that disease,—I mean Belladonna. Inflammation of the throat, or rather, of the organs of deglutition, which most frequently occurred in my practice, affected either partially or entirely those parts which lie in the back part of the mouth, viz., the tonsils, soft palate, uvula, and sometimes the mucous membrane of the pharynx and œsophagus, and owed their origin in sporadic cases to exposure to cold; but when epidemic, they were excited by some peculiar atmospheric and telluric influence. The ordinary treatment exhibited anything but decided advantage. The disease ran its course, whether it ended in resolution or suppuration, without being in the least affected by the measures used to arrest it, and could not be cut short,—and this is the touchstone of a remedy.

I now administered, by way of experiment, at first in gentle, afterwards in severe cases, Belladonna; not, however, in the minute doses of the orthodox homœopathists, but in doses of one-eighth to one-sixth of a grain in a little sugar, every two or three hours, proportioning the dose to the specialties of the individual case.

I also employed the extract of Belladonna, dissolved in water, in cases where powders could not be readily swallowed; in general, however, I prefer the powder to any other form, because, when it is not too large it can easily be laid on the tongue and allowed to melt there, in which way it comes into immediate contact with the affected organs. There is positive rule to be laid down about the size of the dose; and the practical physician must be very careful to obtain the proper substance from the apothecary. In a very short time after the administration of good Belladonna extract, the well-known severe symptoms of the inflammatory state of the organs of deglutition and the morbid condition itself subsides, without developing itself any further, especially if the physician be called in at the first appearance of the attack. But, even in those cases of far advanced angina, where considerable local injury has taken place, and where the tonsils are already suppured, even here, as my experience teaches me, the administration of Belladonna contributes to the relief of the sufferings, the maturation of the suppuration, and the speedy spontaneous opening of the abscess of the tonsils.

It is not to be disputed that, as an assistant, a local bloodletting, by leeches, may, and ought to be, used; nevertheless, I must assert it as an established fact, that even here the Belladonna is the chief remedy.

Every practical physician can make the experiment for himself; and he will undoubtedly be more satisfied with the results of this than the use of the ordinary means. The throat should be kept warm during the application of the Belladonna; and, for drink, the patient may employ either fresh spring water, or an infusion of Grass-roots (*Eibischwurzel*), either with or without sugar.

I have used Belladonna also to mitigate the pain of the sore throat of scarlet fever; and I must acknowledge that it always fulfilled the end in view.



I cannot conclude without observing that Belladonna contains a store of healing virtues, such as few drugs possess. At any rate, a more frequent use of it in many diseases is to be recommended to the attention of impartial physicians; and the best source of information upon its virtues is the *Materia Medica* of Hahnemann, and the writings of the liberal Homœopathists.—*Æster. Wochenschrift*, Nov. 1844.

#### CASE OF TUBERCULOSIS UNIVERSA. By JOS. FLOGEL.

A young man, of scrofulous habit of body, had amputation of the arm performed for a caries of the bones of the elbow joint. The stump healed well, but slowly; the patient slept well; the appetite was good, and all the functions, except that the respiration was confined, the respiratory murmur was rough, the percussion sound sonorous, rather empty, and there was a dry short cough. The pulse was very quick, and the beat of the heart feeble. The cough became more frequent, and attended with much purulent expectoration; the pulse extremely fast; the abdomen tympanitic. Death ensued three months and a half after the operation.

*Sectio.* The brain and its membranes normal; the serous membrane of the thorax and abdomen covered with innumerable miliary tubercles, and numerous tubercles of a larger size in the lungs and intestines. The aorta and pulmonary artery were completely encased in tubercle all the way within the pericardium; and the substance of the left ventricle, from the base to about the middle, was converted into this degeneration, so that there was only a narrow strip of sound muscular fibre discernible. Although it is obvious that the heart must for long have been involved in the disease, yet the patient described himself as having enjoyed perfectly good health.—*Æster. Wochenschrift*, 1844, March 23, No. 13.

#### ARTEMISIA ABSINTHIUM IN SPERMATORRHOEA.

Dr Rousse details an interesting case of this affection in a young man, sixteen years old, attended with great general debility and relaxation. It generally occurred twice a night, or twice in two nights. The parts remained relaxed during it. It was said not to have been induced by masturbation. The patient complained of a general debility; the eyelids were swollen, and the eyes, red and deep, were suffused with tears. The patient felt weary on rising in the morning. He was ordered nourishing diet, and a decoction of 4 grammes of wormwood in 125 grammes of water. Under the use of this medicine, steady improvement took place; the fluid, which before had been devoid of smell, regained its natural properties, and the mental vigour, which had been much impaired, was invigorated.—*Gazette des Hôpitaux*. 1844. No. 31.

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END OF VOLUME THIRD.

THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF  
COLOCYNTH.

BY DR. WATZKE, of Vienna.\*

TRANSLATED AND ABRIDGED BY DR. IRVINE OF LEEDS.

Did the limits of our Journal allow of it, we would gladly transfer this valuable Proving, unabridged, to our pages. We cannot however afford one hundred and fifty pages (such is the extent in the original), to any one paper however valuable, and have therefore been under the necessity of materially abridging it, selecting for especial curtailment, those matters chiefly which possess an historical or a speculative interest. The most important experiments on persons in health are given nearly at length, as it seemed of importance to put our readers in possession of all that could lead them to a full and intimate knowledge of the pathogenetic action of the medicine. In addition to a translation of the original we shall give a tabular view of the pathogenetic effects similar to the Hahnemannian plans; it is hoped that this will lead to a more frequent employment of Colocynth than could be looked for if the practitioner had to read over the whole set of experiments, every time he wished to ascertain its suitability to a case in hand. We hope, however, that no one will use this systematic catalogue of symptoms, who has not first studied them in the natural groups afforded by experiments on the healthy organism as detailed below, (Chap. IV—VIII.)

The introduction to this Proving will be found in the preceding No. of the Journal, (p. 332). [Eds.]

CHAP. I. NAMES, DESCRIPTION AND CHEMICAL COMPOSITION OF COLOCYNTH.—(We have given a bare abstract of this and the three following chapters). The etymology of the word is obscure. It is referred by Kaltschmidt to a Sanscrit origin. The word *κολοκυνθης* (Dioscorides, Galen), has been read *κολον*, food, *κυν*, dog; dog's meat! But this is little better than guessing. In other Greek authors it bears the name of *σικύα πικρά* or bitter gourd. Botanists have designated the plant variously, *Cucumis Colocynthis*, *Citrullus Colocynthis*, and *Colocynthis officinalis*; in English Bitter-apple. The gourd of Elisha was according to Oken not this plant, but the *Cucumis Prophetarum* which bears a great outward resemblance to the common or edible gourd.

The Colocynth-plant grows in various Asiatic countries, and in Europe is met with in Cyprus, the Islands of the Ægean and South-

\* Austrian Journal of Homœopathy, No. 1, Jan. 1844.

ern Spain. The part used in medicine is the pulp of the fruit in which are imbedded mucilaginous inert seeds.

We owe analysis of the colocynth-pulp to Meisner, Vauquelin and Braconnot. Besides a fatty oil, bitter resin, bitter acid and gummy extractive, "animal-vegetable matter," gum, various salts and basorin, it yields a characteristic substance called Colocynthin, which Pfaff compares in a chemical point of view to Bryonin.

CHAP. II. THERAPEUTICAL EMPLOYMENT OF COLOCYNTH BEFORE HAHNEMANN.—The use of Colocynth is as ancient as medicine itself; it was known to the Greeks and stood high in the estimation of the Arabians and the physicians of the middle ages. In more modern times it has fallen into neglect, and at length been consigned to the vast lumber-room of remedies—the Invalides for Drugs! Some of the old Latin authors speak with as much enthusiasm of it, and seem to have had as high an idea of its virtues, as many in our day have of Calomel, Sal-ammoniac, Iodine and other remedies which wax and wane as fashion dictates. According to Ettmüller it formed, conjoined with Scammony and Hellebore, a marvellously potent drastic purge that worked miracles.\* It was esteemed the sheet-anchor in obstinate chronic cases—cases which had even resisted the Agaric and Turpeth mineral.

It was most in use among the Arabian physicians, much of whose predilection for it, however, was derived from Greek and Roman sources. They recommended it in a great variety of affections of the brain, nerves, muscles, limbs, lungs, kidneys and bladder; against giddiness, want of mental power, melancholy, apoplexy, epilepsy, delirium, lameness, chronic spasms, pains in the limbs, rheums, gout, lacrymation, angina pectoris, asthma, chronic coughs, dropsy; above all in *coxalgia* and *mucous and flatulent colic*. They gave it in the shape of snuff to jaundiced persons, administered it in clysters to subdue the colic, sprinkled cutaneous eruptions with the fresh juice of the leaves, discussed or brought to maturity with the green leaves, lymphatic swellings, furunculi and abscesses; administered a decoction from the root to persons bitten by serpents or stung by scorpions, made a pomade from the oil of Colocynth to prevent the falling of the hair and to keep the scalp healthy, dropped it into the ears to remove noises in them, rubbed it into the abdomen of those infected with worms, stuffed cotton soaked with it into the holes of decaying teeth, attempted to still the tooth-ache by fumigations with the kernel of the fruit, and to fix loose teeth by

\* Pity that of such a triumvirate one cannot tell which was the real wonder-worker!

washes of vinegar in which the pulp had been steeped, sprinkled the excoriated anus with the ashes of the skins, and watered their dwellings with the decoction to keep away vermin.

Colocynth was recommended by Dioscorides for pain in the hip-joint, lameness, colics and tooth-ache. Archigenus esteemed it the best purgative in cases of *mild fever with head-ache, great weakness and distressing pains in the hip-joint*.

Coming down to later times, we find Sydenham often using it as chief or sole ingredient in the drastic mixture to which almost exclusively he trusted for the cure of dropsies. Vogt, Richter and Burdach give it in paralysis of the lower limbs and of the sphincters of the bladder and anus, in mental affections, atony of the ganglionic system, chronic spasms and other nervous affections, and passive congestions in the portal system.

CHAP. III. DECLINE OF THE USE OF COLOCYNTH.—Notwithstanding the long list of medical authors who have given the sanction of their authority to the use of Colocynth, this remedy has long since fallen into discredit in the learned compendium of pharmacologists. At first it was declared to be an heroic, remarkable and dangerous medicine, to which one might only resort on rare occasions and only in obstinate and protracted maladies, and its use, it was avowed, requiring as it did, uncommon caution, could only be learnt of the greatest masters in the art. In these days of contra-stimulation there is less dread of Colocynth than formerly; but since it is held certain that there are no such things as specifics, Colocynth is not one, and therefore shares its virtues with at least ten other medicines (drastic equivalents), and we have become careless of a medicine we could so easily spare; it is even classed by the learned Professor Hartmann among the *remedia superflua*.

This indifference of modern as well as the dread of older physicians proceeds from the largeness of the doses in which Colocynth has been given, and still more from a superficial acquaintance with its action on the healthy body. Accidental cases of poisoning had shown it to irritate the stomach, bowels and the whole body, to produce the severest pains, give rise to discharge of blood from the anus, &c.; the dark side of the physiological effects of the drug had thus come into view. Medical men while they dispense without scruple aloes, jalap, barytes, calomel, iodine and other not less deadly substances, are inconsistent enough to have eyes only for the poisonous effects of Colocynth.

Various substances have been used to tame the wild energy of Colocynth. A favourite one was sulphuric acid; Ettmüller, how-



ever, takes alkalies to be the best correctives for Colocynth, ("Acida enim castrant non corrigunt Colocynthidem.") Some again boiled it to effect the same end, and others let it rot; mucilage, aromatics, urine and wine, however, had their supporters. *None, however, thought of the best and surest corrigens, the diminished and less frequent dose. It seems to have been the Columbus' egg which Hahnemann in his system of infinitesimals set on end!*

The rest of this chapter is taken up with a detail of the composition of various pills, mixtures, extracts and confections containing colocynth, which we will spare our readers.

CHAP. IV. ANTE-HAHNEMANNIC KNOWLEDGE OF THE POSITIVE ACTION OF COLOCYNTH ON THE HEALTHY BODY.—Whatever acquaintance was had with the effects on the healthy body of Colocynth before the experiments of Hahnemann was mainly derived from cases of poisoning with it, which came under the notice of Stalpaart van der Wiel, Tulpus, Hoyer, Plater, Hoffmann, and others. We may, spite the anachronism, add a few more cases of a similar kind from recent authors.

Stalpaart van der Wiel, (Observ. Cent. I. obs. 41), relates that a young and vigorous man, a tavern-keeper at the Hague, in want of a good laxative medicine, bought a bitter-apple (fruit of Colocynth), pounded and swallowed it. He was soon seized with the most unutterable pains in the belly, passed bloody stools; at the same time violent cramps forced him to bend forward like a hedge-hog. His life was with difficulty saved by the use of appropriate remedies.

A lad of 17 swallowed a decoction of Colocynth. In a short time there appeared bloody evacuations, very great anguish and fainting-fits. The boy sank rapidly and died.—(Hoyer, Ephem. Nat. Curios. dec. iii, an. 7, obs. 178).\*

A poor man, who suffered from habitual constipation, drank a decoction made from three Colocynth pulps and thus brought on himself the most violent pains in the belly, and so severe a hæmorrhage from the anus that but for the large quantities of oil which was poured down his throat and injected into the rectum, he must have sunk.—(Nic. Tulpus, obs. lib. iv. c. 25.)

Plater gives two cases of Colocynth poisoning. The first (Obs. lib. iii, p. 839) relates to a young prince, to whom his physician had administered pills to move the bowels, and finding them ineffectual had replaced next day with powdered Colocynth-pulp. The prince

\* In the same place, Hoyer mentioned a man who had pushed the use of Colocynth as a purgative so far, that he could not get any other drug to affect his bowels.

was attacked with dreadful colic, and innumerable bloody evacuations which so frightened the leech, that he took to flight. The second case (l. c. p. 640) ended fatally. A lover of purges was wont to drink wine, in which Colocynth had been left to steep the previous night. This he had often done without injury. At length, however, he brought on a dysentery which carried him off.

Riedlinus who evinces great dread of Colocynth, saw 2 grains of the powder induce violent vomiting in a stout young woman. Böchler even avers that those who handle the bitter-apple for a considerable time become affected with vomiting, (Hartmanni, *Mat. Med.* 1745, part i. p. 335). In like manner, Sachs found it arise from Colocynth being placed on the stomach, (Huf. *Journal*, 1811); and Chrétien found in similar circumstances an increased action of the bowels and kidneys, (Univ. *Lex. der Prac. Med. u. Chir. Leipz.* 1839. *Art. Iatroliptica*).

According to C. G. Neumann, (*Observ. on the most common remedies*, p. 15), the rubbing in of a mixture of one part of tincture of Colocynth and three of castor oil, brought on violent colic and bloody, frothy diarrhetic stools. Fordyce relates the case of a woman who after taking an infusion of Colocynth in beer became affected with colicky pains, which lasted thirty (?) years, (*Fragm. Chir. et Med.* p. 66). Frederic Hoffmann often found the use of Colocynth in ascites, to be followed by a sudden and fatal enteritis, (*Op. omn. Gen.* 1740. *pars iii.* p. 332).

One of the best cases of the kind is given by Joh. Moritz Hoffmann. We give it in his own words:—"Ex generosa familia nata Matrona tenera, post acidularum egranarum finitum potum ex recepto more a sordibus residuis repurgata, pomum colocynthidis vini cyatho per noctem infundit, et insequenta matutino tempora ebibit. Ast pessimis suis rebus. Accedebat siquidem mox insignis cardialgia, superveniebunt vomitus creberrimi et cum ventris torminibus atrocissimis dejectiones alvinæ, primo mucoso-serosæ, mox biliosæ, tandem cruentæ; tussis aderat clangosa, atque superiorum et inferiorum artuum musculares fibræ in subsultus et motus agitabantur spasticos; febrili æstu totum corpus exardescibat; demum cum animi deliquiis extremorum frigus notabatur, ut adeo terrore et metu percussi adstantes me advocare curavint."—(*Eph. Nat. cur.* cent. x. obs. 30).

Scheel relates a similar case, but we pass on to a fatal one given in Orfila's *Toxicologie*, (2nd. ed. p. 34); it is related by Carron d'Annecy. A man, 28 years of age, who suffered from hæmorrhoids and dyspeptic symptoms, drank two tumblers full of a decoction of Colocynth. This caused colic, frequent evacuations, after some

hours great heat in the bowels, dryness of the throat and unquenchable thirst. Dr. Carran found the patient with small, very accelerated pulse, red tongue, tense and sensitive abdomen, the umbilical region especially being tender to the touch; the action of the bowels had stopped. Bleeding, emollient fomentations, clysters and poultices were of no avail. Next day the abdomen was yet more swelled and painful. Renewed bleeding and a warm bath were resorted to. Six hours after, the patient was attacked with ever increasing pain, retention of urine, retraction of the testicles and priapism. A dozen leeches to the anus, cupping on the lower belly, clysters with saltpetre. On the third day, the retention of urine gave way, the other symptoms persisted; the pulse was small and contracted, hiccough set in, with coldness of the extremities, and clammy sweat on the head and breast. The pain ceased in the evening, the tumid abdomen subsided and fluctuation could be perceived. The patient died in the night. On dissection, the intestines were found to be red, strewed with black spots, and for the most part bound together by fibrinous false membranes; in the hypogastrium there was effusion of a whitish liquid in which was swimming a quantity of white flakes; there were ulcerations here and there on the mucous coat of the stomach. No trace of inflammation in the liver, kidneys and bladder.

Dr. Carran was also called to see a young woman, a washerwoman who after drinking a decoction of Colocynth was seized with violent pain in the bowels. Baths, oils, mucilaginous drinks and opium soon restored her to health. He also tells of a baker of cachectic diathesis, who took a decoction of Colocynth for a quartan intermittent fever. He soon recovered from the fever, but continued weak and languid, his complexion became leaden, and he died paralytic in six months. (Orfil. Toxicol. gen. 3rd edit. p. 695).

A case was reported to Orfila of a man who swallowed the pulp of colocynth with a view of getting rid of a gonorrhœa of some years standing. He experienced violent pains in the epigastrium, copious vomiting, after two hours abundant evacuations, giving way of the inferior extremities, lividity of the face, dullness of hearing, giddiness and slight delirium. After drinking of milk copiously, on which vomiting ensued, and the application of leeches to the hypogastrium, the symptoms gradually subsided.

But the most interesting and instructive case of poisoning by Colocynth is that given by Duvergier and Ratier (Univ. Lexic. der pr. Med. u. Ch. Art. Coloc). A strong healthy man, 35 years of age, took for a swelling on the right knee, a small quantity of a liqueur obtained from a quack, and afterwards found to be tincture of Colocynth.

He was shortly afterwards seized with sickness and vomiting, with heat and burning at the epigastrium. Full of insane joy at the medicine producing an effect, he took a second and then a third dose of it. Now there set in copious and frequent stools, intolerable pain, affecting the whole abdomen, and colic so violent as to make him spring out of bed and roll on the floor. Yet so infatuated was he, as when the torture was at its height to bless the hand that administered the poison, and earnestly entreated the bystanders to give him another dose of it. Soon violent convulsions came on and he died in the evening. On dissection the membranes of the brain were found white and somewhat thicker than natural, the surface of the brain tolerably firm, but neither dotted with red points nor injected, a little rose-red serum effused in the lateral ventricles and cranial fossa, the blood-vessels of the base of the brain were rather full of blood, lungs quite normal, stomach and duodenum externally appeared bluish-red and the jejunum rose coloured. The mucous membrane of the former was of a deep red, full of erosions, softened, easily scratched away or torn. The like abnormal appearances were visible in the lower half of the small intestines, but less decided; the large bowel was externally and internally but faintly coloured. The whole intestinal tube was empty.

The occurrence of cases like these are certainly not calculated to induce medical men to prescribe this drug at the bed-side. It seems likely that the original diseases in the stomach and bowels for the removal of which these persons took the Colocynth contributed not a little to the violence of its effects, but since in this very violence, the character of the drug comes out the more evidently, this circumstance takes but little from the value of these involuntary physiological experiments. It is however to be regretted that some of the writers had not been more exact and circumstantial in their relations. We are most sorry not to have an account of the post-mortem appearances in all the fatal cases.

CHAP V. HAHNEMANN'S PROVING OF COLOCYNTH.—In this chapter Dr. Watzke gives under Hahnemann's name and that of each of his six disciples who assisted him in this proving, the symptoms they severally experienced. As most of our readers have these symptoms in a collected form, and it would take up several pages to go over them, we shall omit them. Dr. Watzke gathers from the description of symptoms which they experienced from the drug that Hahnemann, Stapf, Rückert, Langhammer and Gutmann experimented with rather small doses, Frederick Hahnemann and Hornburg with larger ones.

In a postscript, our author takes exception and apparently on good grounds to some of the symptoms given by Hahnemann. They are but few in number however.

CHAP. VI. PROVING OF COLOCYNTH BY MARTIN AND HIS SOCIETY FOR PROVING MEDICINES AT JENA.—Dr. Watzke does not place much reliance on these experiments, many of the symptoms being in his opinion ascribable to the imagination of the experimenters, not to the action of the medicine. We incorporate the more valuable effects in the Hahnemannian plan appended to this abstract.

CHAP. VII. DR. HECHENBERGER'S "COLOCYNTHOLOGY." — In Dr. Hechenberger we have an enthusiastic eulogist and stout defender of Colocynth, but a feeble experimenter and yet feebler observer. He is the author of "Colocynthology, or observations on the remarkable, too little noticed remedial properties of Colocynth, Insb. 1840." Such a monograph as, spite of its deficiencies, we wish our opponents many. By Noack and Trinks, Hechenberger is reckoned as an adherent of the old school; but, wrongly as we think, for he is, so far as Colocynth is concerned, a Homeopath, though not an avowed or pure one. He has confined his attention, however, too much to its effects on the intestinal canal. Besides these he noticed the following symptoms :

*Marked increase of appetite and thirst: secretion of urine more abundant than usual* (urine often when passed was the colour of beer, but soon became turbid, with formation on cooling of copious, sometimes gravelish sediment); *noisy discharge of much flatulence; gentle painless discharge of blood from hemorrhoidal tumors* (leaving behind however a peculiar burning about the anus and sacrum); *the catamenia came on sooner and in greater abundance than usual.*

A pregnant female who had taken at one dose a tea-spoonful of tincture of Colocynth, was affected in five hours with dysenteric bowel-complaint, with discharge of blood and a good deal of burning pain in the sacral region. There was associated with this considerable swelling of the labia with dragging pain and heat in the vagina. Tincture of opium removed all the symptoms in a short time, with the exception of the swelling of the labia which continued through the whole duration of the pregnancy so to occasion considerable inconvenience.

Hechenberger did not observe either in himself or others any secondary torpidity of the *primæ viæ*, even after the prolonged use of Colocynth.

CHAP. VIII. ACCOUNT OF THE RESULTS OF THE EXPERIMENTS

OF DR. WATZKE AND HIS ASSOCIATES ON THE EFFECTS OF COLOCYNTH ON THE HEALTHY BODY.—“We choose Jörg as our pattern in describing the results of the proving. Our reasons for so doing are apparent from our Introduction. We repeat, that we do not see that it is possible to understand aright the positive effects of a medicine when no insight is given into the development, succession, intensity and duration of each case of medicinal disease, or into the character of the different symptoms, and that in fact it is this deficiency in Hahnemann’s *Materia Medica* that makes a revisal of it necessary. If it is said that the reading of individual cases of medicinal disease is equally a tax and a task, and that our *Materia Medica* will by this means grow to a huge mass of thick folios, and that after all an arrangement of the symptoms according to an artificial, fixed plan will become necessary; we reply that we see this perfectly well, but know of no remedy. Let our colleagues who use this language console themselves with the reflection that it is at all events more easy and amusing to read such records of experiments than to make them on one’s own body. The hyper-scrupulous particularity of Koch who proved *Calcareæ*, with his cloudy mornings, sunny days and cool evenings, and the anxious observations of others on the changes of the moon and variations of the barometrical, thermometrical and hygrometrical states of the atmosphere will not be found in the records of our experiments. We have come to the conclusion from our trials with Colocynth and other medicines that they are, if not of absolute, yet of so considerable an influence over the human frame as to be scarcely if at all affected by such causes.

Have we set to work in the proper manner? Was our mode and manner of experimentising the true Hahnemannic? Those will doubt it who think they have in the decillionth doses Hahnemann’s secret of winning symptoms. We confess that the favourite maxim of so many provers of medicines—*to make themselves as little sick as possible, or if possible not sick at all*—does not please us. (We regret to see it adopted by some of our colleagues, and these are those who send us subjective symptoms.) Our opinion is that if our *Materia Medica* is to become what it must one day be; a science, a systematic knowledge of the families, orders and species of medicinal diseases, it is not enough simply to experiment with doses barely sufficient to excite re-action; we ought rather to take doses so large and so long continued as to penetrate the system to a certain degree, and to exert a lasting effect on the various organs and their functions; nay, further, we must at least in the case of the lower animals, (fatal cases occurring to human beings afford a most important sup-

plement); experiment in such a manner as gradually to accumulate the needful materials for an anatomy of medicinal diseases, until supplied with which the science of pharmacodynamics must remain imperfect.

Our association for the proving of Colocynth consisted of fifteen members, the results of whose experiments we give below in alphabetical order. We have only further to remark, that we used the tincture prepared as Hahnemann directs, and that almost all of the provers were ignorant as to which medicine they were proving."

#### A.

The proving of our colleague, Dr. F. H. Arneth, though by no means rich in symptoms, is in relation to the theory and practice of Homœopathy one of the most interesting.

A, is 25 years of age, of choleric temperament and strong constitution. Spite of vaccination when a child, he took the small pox when 21 years of age, and got favourably through it. Since that time he has enjoyed uninterrupted good health. We must be allowed to add, that he is not surpassed by any one in vigour of understanding, cool spirit of observation and penetration, as well as integrity and love of truth.

Dr. Arneth took on the 1st of November, 1842, at 1½ o'clock in the morning, at 11 in the forenoon, at 5 & 9 in the evening ten drops of tincture of colocynth. No perceptible effect.

The dose was increased next day with the same result.

From the 7th to the 13th, he took thrice a day, the first day ten, and each day several more drops than the preceding. No effect.

On the 14th and 15th, 45 drops twice a day. He took none on the following days, but from the 16th to the 23rd, he had two pap-like stools daily, which it is uncommon for him to have; there was at the same time slight griping in the upper part of the abdomen.

The evacuations having become natural again on the 24th and 25th, on the 26th he took at one in the afternoon 50 drops of the tincture. Two pap-like stools, one that evening, the other next morning, and abundant urination, were the only symptoms which he could detect.

Seventy drops on the 27th, taken at 11 A.M., increased the secretion of urine that day, and gave rise on the following to griping in the upper part of the abdomen after each meal, worse in the evening, and pretty severe drawing pain in the left testicle, lasting about a quarter of an hour.

On the 29th, 80 drops of the tincture at 2 in the afternoon.

Next morning a furuncle made its appearance on the face, and on the 2nd December another on the back. Both disappeared in a few days.

This concludes Dr. Arneth's experiments with the tincture, which he took undiluted.

On the 7th December, all traces of the former action of the medicine having disappeared for some time, he took, morning and evening, two table-spoonfuls of the third (aqueous, centesimal) dilution of the tincture of Colocynth, and had after it two pap-like evacuations.

Next day two tablespoonsfuls of the third dilution, shortly before going to bed; he had scarcely got into bed before he experienced in the upper part of the abdomen more violent griping than he had formerly felt from the mother tincture, but which did not bring on an evacuation.

On the 9th he took, morning and evening, two table-spoonfuls of the third dilution, and had each time two pap-like stools; he then passed to the second dilution of the tincture, of which, from the 10th to the 14th December, he daily took two tea-spoonfuls about noon. On the 11th, towards evening, irritability of the larynx began, and the voice became rough and hoarse. On the 12th, besides these symptoms, there was distressing dryness of the air-passages, and on the two next days a perceptible and disagreeable feeling of fatigue in the affected parts. Each time after taking the medicine, he perceived a remarkable aggravation. From the 10th onwards he had had daily two pap-like evacuations.

The medicine was taken from the 15th to 20th, to allow of the subsidence of the foregoing symptoms. On the 21st, 22nd, and 23rd, he took, at noon and in the evening, two spoonfuls of the second dilution. Nothing unusual occurred the first two days except the usual griping pains in the upper part of the abdomen, and the two stools daily, both of which symptoms occurred also on the four following days. On the night of the 23rd, when in bed, drawing in the right shoulder. In the afternoon of the 23rd, violent drawing pain in all the teeth of both jaws—a symptom which struck the prover particularly, from his never having experienced tooth-ache before. On the 24th, besides the pain (drawing and tearing) in the teeth, which had lasted the whole day, he felt in the evening some tension in the anterior superior spine of the ilium of the left side. Next day this sensation, hitherto confined to one point, changed to a violent drawing, extending from the ilium to the groin and the upper third of the inner surface of the thigh; it continued pretty



violent all the day, and did not disappear till the 26th, leaving a quite peculiar feeling of stiffness in the great toe of the left foot. The tooth-ache had disappeared the preceding night. On this same day, (the 26th), he took in the evening two spoonfuls; next day, at noon, other three, and in the evening again two more spoonfuls of the first dilution of the tincture of colocynth. On the 26th, before going to sleep, he noticed a slight prickling in the *conjunctiva palpebrarum* of the left eye. Next morning it was perceptibly inflamed; here and there were indications of commencing ulceration which continued to increase till four in the afternoon, when it was complete; next morning cicatrization had taken place.

"I should not," says Dr. Arneth, "have alluded to this catarrhal inflammation of the conjunctiva, such occurrences, though with no tendency to ulceration, not being uncommon with me, did it not seem to me likely that the unusually rapid cicatrization was due to the medicine; and I am the more inclined to this opinion from a catarrhal ophthalmia running a precisely similar course, having been one of the first symptoms which I noticed in the beginning of November from the first doses of the mother tincture, but which I do not put down, because its occurring once did not seem sufficient a warrant for attributing it to the medicine."

Dr. Arneth wished now to discover the effects upon him, if any, of still higher dilutions of Colocynth. He of course did not venture on the trial till all the effects of the stronger doses had disappeared. A tendency to diarrhœa having continued from the 27th December, when he last took the medicine to the 6th of January, 1843, he did not commence his new experiments till the 9th of that month. He took on this and the two following days at noon two tablespoonfuls of the fourth dilution. Soon after taking the first two spoonfuls he was affected with violent eructation lasting half an hour, a phenomenon which had not taken place from the mother tincture or the lower dilutions. On the morning of the 10th, drawing and tearing pain in the right shoulder joint, lasting the whole day. In the evening, painful feeling of tension in the left patella. Next day, at 11 in the forenoon, the pain in the knee had become so considerable as to make walking painful. In the evening, on undressing, he found the knee hot and somewhat swollen; there was indistinct pulsation in the swollen part; itching of the anus the whole day. The state of the bowels was natural. On the morning of the 12th all the symptoms had disappeared,

Dr. Arneth could not detect any effect from the fifth dilution after repeated trials.

Is the cause of the powerlessness of large doses over persons on whom smaller ones of the same medicine have taken effect to be wholly sought in the idiosyncrasy of the prover? Do the previously administered large doses create a susceptibility for the smaller which did not previously exist? Can we suppose a similar process to take place when vegetable tinctures are diluted, to that which is known to occur in the trituration of mercury, gold, platina, and other substances, which thereby become capable of absorption into the circulation and of developing their medicinal powers? Do not the preceding experiments prove that the cure of the patient in many cases depends on the medicine being diluted?

DR. GERSTEL'S PROVING.

Dr. Henry Gerstel, 38 years of age, of phlegmatico-sanguine temperament, of strong full-blooded constitution, the father of healthy children; has never been very ill since he had the whooping cough severely in his sixth year, but predisposed to dyspeptic derangements, cramp in the stomach, and diarrhæa (from cold feet); also to slight rheumatic pains, often to palpitations, and at intervals varying from four to eight weeks, to slight hæmorrhages from the anus. Besides these ailments, he has for several years been conscious of a weakness of the whole right side of the body, especially after mental emotions. The most scrupulous observer, and the one of all our provers who observed the greatest number of symptoms. He subjected himself to six experiments.

*First Experiment*, 20th November, 1842. Twenty drops of tincture of Colocynth at half-past four P.M. an hour and a half after his last meal. The following symptoms manifested themselves within the first hour and a half, most of them while sitting. A few minutes after taking the medicine, a dull sticking pain on the right side under the umbilicus; soon after to the left of the umbilicus, a pain only felt when walking, and disappearing on standing still, and also on any violent shock, such as going down stairs, but becoming again very perceptible on walking on a level space; drawing in the right half of the upper row of teeth with feeling as if the upper lip was swelled; continuous ringing in the right ear; slight swelling from accumulation of flatulence in the upper part of the abdomen, with pulsation in the loins, relieved by bringing up wind; general feeling of heat, especially in the face, with sweat on the brow; cramp-like feeling about the middle of the right leg as if from a narrow bandage: abundant extrication of flatulency.

*Second Experiment.*—Twenty-five drops of the tincture on the 22nd early, fasting, after a normal evacuation.

Immediately, rumbling in the lower belly, and *pulsation in it deep down*, when lying down, not perceptible to the hand; stabbing pain in the neighbourhood of the pubis; transitory tickling itching in the thigh, now and then in the face, in the axilla, the intercostal spaces and the point of the glans penis, with desire to micturate. On rising easy belching of flatulence. *Feeling of numbness* down the outer side of the right calf as if in the course of a nerve. This sensation increased in a manner which seemed to point to an enlargement of the nerve in its thickness, and gradually passed into a dull passive spasm, which slowly disappeared. Immediately after this a similar sensation arose in the dorsum of the first phalanx of the great toe on the same side, and also, but more feeble under the nail of the great toe of the left foot. Spasmodic pressure in the dorsum and angle of the left foot and the right arm. Repeated inclination to pass water.

All these symptoms made their appearance in the course of an hour while lying quietly in bed. Half an hour afterwards there was pinching in the lower part of the abdomen, ending in a stitch at the left side of the pubis, with borborygmus, and feeling of distention; immediately afterwards dizziness in the right side of the head, especially in the temples; numbness of the right fore-arm; obscure dartings in the left leg; yawning; lassitude; abundant urination.

*Third Experiment.*—Forty drops of the tincture on the 23rd of November at seven in the morning, fasting.

A tearing pain in the left side of the neck, which he had felt before taking the Colocynth, increased while taking it, and afterwards quite disappeared, was again felt. Stinging pressure in different parts of the body. Some swelling of the abdomen about the umbilicus, accompanied with seizure (*Ein genommenheit*) of the head in the brow and temples, and return of angry thoughts which had been forgotten, soon followed, however, by unusual cheerfulness. (Curative action? G.) Tenderness of the incisor teeth: tickling itchiness of the right arm, disappearing on scratching; eructations; unwonted thirst; burning in the urethra after passing water; burning and rawness at the anus, with oozing of mucus, as after a liquid stool; also darting pains in the rectum.

*Fourth Experiment.*—Forty-two drops of the tincture at 11 P.M. of the same day.

Immediately, pain at the vertex and the left eye as from pressure on the nerve (? E.D.); colic with rumbling as if from the bursting of

large bubbles; abundant emission of flatulence; drawing, starting with obscure pulsation in the left hip, and the loins on the right side close under the cusp of the ilium; pain in the eye-balls as if both pupils were pressed downwards; burning of the lower lip; pricking in the glans penis; feeling as of an incipient catarrh; heat, especially of the upper part of the body.

He fell asleep about half an hour after taking the medicine. Waking in the night, he felt an unusual glow over the whole body, but particularly in the lower extremities.

Next morning just after waking, stitching, drawing pain, sometimes in one place, sometimes in another. The usual normal evacuation was quickly followed by two pap-like stools; then burning in the anus, and at the same time pricking at the orifice of the urether.

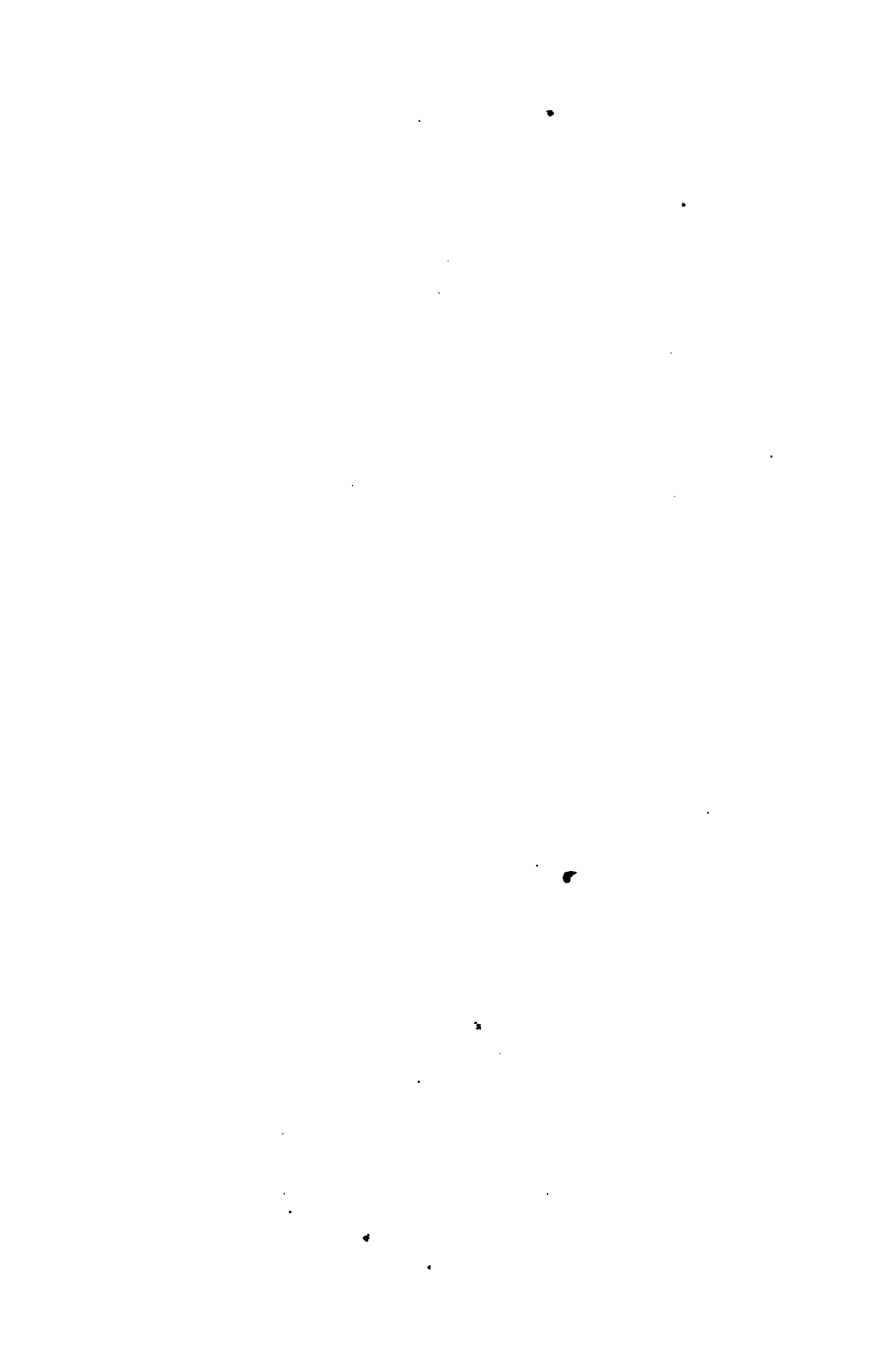
Towards noon, *pains in the bowels only felt when walking*, heightened by every violent movement, disappearing whenever he stood still. The pain beginning at the upper part of the abdomen, extended, when severe, upwards to the chest, when it became spasmodic. Tenderness of the bowels on pressure, as if they were raw. Considerable thirst. Another pap-like stool.

Shortly after dinner while walking in the open air, oozing from the anus, and instead of the expected emission of flatulency, oozing of liquid from the anus. This continued the whole afternoon. At six in the evening, again a pap-like stool with evacuation of much mucus, and followed by burning at the anus. The abdomen remained tender through the evening; he felt thirsty, and notwithstanding interesting reading was drowsy.

During the night, very deep sleep. Early on the morning of the 25th, *seizure* of the head, especially about the forehead, with great weakness of memory; normal evacuation. The *frontal head-ache* returned in the forenoon while walking. Towards noon after violent movement, the pain of the bowels felt yesterday was again experienced in a less degree. Also dull pain in the right temple aggravated on motions and gloomy thoughts. Lastly strong sensation of heat rising from the upper abdomen to the thorax, going off with partial sweating of both parts, along with pricking and oozing from the anus and very copious emission of urine.

The next two days slight remains of pain in the bowels were experienced, chiefly about dinner-time.





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